

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F98000006100**1. Entity Name  
OCEAN WORLD LINES, INC.Principal Place of Business  
9 MURRAY STREET  
NEW YORK NY 10007  
Mailing Address  
9 MURRAY STREET  
NEW YORK NY 100072. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**13-3002217**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ **03/20/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VD	ROBBINS MITCHEL	9 MURRAY STREET NEW YORK	NY 10007	<input type="checkbox"/>
VTSD	FLEISIG MATTHEW	9 MURRAY STREET NEW YORK	NY 10007	<input type="checkbox"/>
VD	KISH KEN	9 MURRAY STREET NEW YORK	NY 10007	<input type="checkbox"/>
PCEO	BAER ALAN	9 MURRAY STREET NEW YORK	NY 10007	<input type="checkbox"/>
CD	FLEISIG EVERETT	9 MURRAY STREET NEW YORK	NY 10007	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VP	ROBBINS MITCHEL	9 MURRAY STREET NEW YORK	NY 10007	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPTS	FLEISIG MATTHEW	9 MURRAY STREET NEW YORK	NY 10007	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	KISH KEN	9 MURRAY STREET NEW YORK	NY 10007	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Alan E. Baer

PCEO 03/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)