

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90245 001 \*1,100.00

0135820 AT

**DOCUMENT # F99000006542**

1. Entity Name

**BEAU RIVAGE MARKETING CORP.**

Principal Place of Business

**3260 SOUTH INDUSTRIAL ROAD  
 LAS VEGAS NV 89109**

Mailing Address

**3260 SOUTH INDUSTRIAL ROAD  
 LAS VEGAS NV 89109**

2. Principal Place of Business

**3600 LAS VEGAS BLVD SO**

3. Mailing Address

**3600 LAS VEGAS BLVD SO.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAS VEGAS, NEV**

City & State

**LAS VEGAS, NEV**

Zip

**89109**

Country

Zip

**89109**

Country

4. FEI Number

**58-2384341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

*Scott Langsner*

**SECRETARY/TREASURER**

**7/12/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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	PCD WYNN, STEPHEN A P.O. BOX 7700 LAS VEGAS NV 89177-0777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHIER, BARRY P.O. BOX 610 LAS VEGAS NV 89177-0777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALDWIN, ROBERT H P.O. BOX 7700 LAS VEGAS NV 89177-0777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WYNN, KENNETH R P.O. BOX 7700 LAS VEGAS NV 89177-0777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LEVIN, BRUCE A P.O. BOX 7700 LAS VEGAS NV 89177-0777	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WALSH, PETER C P.O. BOX 7700 LAS VEGAS NV 89177-0777	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AND DIRECTOR ROBERT H. BALDWIN 3600 LAS VEGAS BLVD SO. LAS VEGAS, NEVADA 89109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AND TREASURER SCOTT LANGSNER 3600 LAS VEGAS BLVD SO. LAS VEGAS, NEV 89109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR J. TERRENCE LAMMI 3600 LAS VEGAS BLVD SO. LAS VEGAS, NEV. 89109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALEX YEMENIATIAN 3600 LAS VEGAS BLVD LAS VEGAS, NEV 89109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Scott Langsner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/12/01 (702) 693-8811**  
 Date Daytime Phone #

CR2E034 (5/01)