2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # H81393

Principal Place of Business

CASINOS AUSTRIA MARITIME CORPORATION

4651 SHERIDAN STREET 465! SHERIDAN ST. C0072205 SUITE 303 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3427 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #_etc.____ Applied For 4. FEI Number City & State City & State 59-2715677 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHASE, ALAN R. ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 9400 DADELAND BLVD., SUITE 600 **MIAMI FL 33156** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. __FILE NOW!!! FEE IS \$150.00_ 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing' Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE JANCIK, THOMAS NAME STREET ADDRESS STREET ADDRESS 4561 SHERIDAN STREET, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE Addition Delete TITLE CHEROCK, ARNOLS NAME MAYRHOFER, HUBERT NAME STREET ADDRESS STREET ADDRESS 4651 SHERIDAN STREET, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition TITLE ☐ Delete TITLE VIERZIGER, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4651 SHERIDAN STREET STE 303 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90034 019 ***150.00

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information indicated on this report or supplementary of the control of the contr odeccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the recei changed, or on an attachme

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP