

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000000393

FILED
Mar 22, 2002 8:00 AM
Secretary of State

Entity Name: SPLASH RESORTS MARKETING SERVICES, LLC

Current Principal Place of Business:

300 GRECO AVENUE
CORAL GABLES, FL 33146

New Principal Place of Business:

5201 BLUE LAGOON DRIVE
MIAMI, FL 33126

Current Mailing Address:

300 GRECO AVE
CORAL GABLES, FL 33146

New Mailing Address:

P.O. BOX 14-1128
CORAL GABLES, FL 331141128

FEI Number: 65-0972708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, DAWN
169 EAST FLAGLER STREET, SUITE 1523
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILSON, KENNETH N
Address: 300 GRECO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRM () Delete
Name: WOJCIECHOWSKI, KEVIN
Address: 300 GRECO AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILSON, KENNETH N
Address: 5201 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

Title: MGRM (X) Change () Addition
Name: WOJCIECHOWSKI, KEVIN
Address: 5201 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN WOJCIECHOWSKI

MGRM

03/22/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date