## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## 05-19-2008 90038 036 \*\*\*150.00 DOCUMENT #L79519 1. Entity Name AMERICAN SHOW BOATS LIMITED, INC. dhinarra Principal Place of Business Mailing Address 950 N. POLK STREET 6805 MORRISON BLVD. PINEVILLE, NC 28134 IIS 370 CHARLOTTE, NC 28211 US 2. Principal Place of Business - No P.O Box # 3. Mailing Address 950 N. POLK Suite, Apt. #, etc. Suite, Apt. #, etc. 03042008 CR2E034 (12/06) Chg-P City & State City & State 4 EEI Number Applied For Pineville 62-1431642 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAASS, ROBB Street Address (P.O. Box Number is Not Acceptable) 340 ROYAL POINCIANA WAY PALM BCH, FL 33480 Zip Code FL 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. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete ■ Addition TITLE TITLE Change SABATES, FELIX S., JR. NAME NAME 950 N. POLK STREET STREET ADDRESS STREET ADDRESS PINEVILLE, NC 28134 CITY-ST-ZIP CITY - ST - ZIP VΡ Defete TITLE TITLE ☐ Change ■ Addition NAME WHITE, DOUGLAS NAME STREET ADDRESS 6805 MORRISON BLVD. SUITE 370 STREET ADDRESS CITY-ST-7IP CHARLOTTE, NC 28211 CITY-ST-ZIP Delete TITLE TITLE Change Addition SABATES, CAROLYN NAME NAME STREET ADDRESS 950 N. POLK STREET STREET ADDRESS CITY-ST-ZIP PINEVILLE, NC 28134 CITY-ST-ZIP S/D ☐ Delete Change ■ Addition TITLE THILE DARDEN, BARBARA W. NAME NAME 950 N. POLK STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZiP PINEVILLE, NC 28134 CITY-ST-ZIP Delete ☐ Change ☐ Addition WHITE, DOUGLAS NAME MAME STREET ADDRESS 6805 MORRISON BLVD. SUITE 370 STREET ADDRESS CITY-ST-ZIP CHARLOTTE, NC 28211 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 3/5/2008 704/557-2242 Felix Sabates SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phane #

May 19, 2008 8:00 am Secretary of State