FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90052 005 ***150.00

0154480

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L85790

1. Corporation Name
FLORIDA MARLINS, INC.

Principal Place of Business	Mailing Address
2267 NW 199TH ST. MIAMI FL 33056	2267 NW 199TH ST. MIAMI FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 07/09/1990

2. Principal Place of Business	2a. Mailing Address
21 450 E LAS OLAS Blvd	26 450 E LAS OLAS BLVD
Suite, Apt. #, etc. 22 1500	Suite, Apt. #, etc. 27 1500
City & State 23 FOIT LAUDERDALE FL	City & State 28 FOIT LAUDERDALE FL
Zip / Country 24 33301 / 25 USA	Zip / Country 29 33301 / 30 USA

4. FEI Number: 65-0216282 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC 1 SE 3RD AVENUE 27TH FLOOR MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUIZENGA, WAYNE H		1.2 NAME		
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMILEY, DONALD A.		2.2 NAME		
STREET ADDRESS	2267 NW 199TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOMBROWSKI, DAVID M.		3.2 NAME		
STREET ADDRESS	2267 NW 199TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		3.4 CITY-ST-ZIP		
TITLE	VTS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARINER, JONATHAN D.		4.2 NAME		
STREET ADDRESS	2267 NW 199TH ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROCHON, RICHARD C		5.2 NAME	ROCHON, RICHARD C	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE 1500		5.3 STREET ADDRESS	450 E LAS OLAS BLVD STE 1500	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		5.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		☐ DELETE	6.1 TITLE	VTS	☐ Change ☒ Addition
NAME			6.2 NAME	BRANDEN CRIS V	
STREET ADDRESS			6.3 STREET ADDRESS	450 E LAS OLAS BLVD STE 1500	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	FOIT LAUDERDALE FL 33301	

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CRIS V. BRANDEN VTS 4/27/99 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #