2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am 8 Secretary of State DOCUMENT # L85790 1. Entity Name FLORIDA MARLINS, INC. 05-14-2002 90279 018 ***150.00 Principal Place of Business Mailing Address 450 E LAS OLAS BLVD 450 E LAS OLAS BLVD 1500 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0216282 Not Applicable Zip Country Zip Country \$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 AMERICAN INFORMATION SERVICES. INC Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVENUE 27TH FLOOR MIAMI FL 33131 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete TITLE Addition HUIZENGA, WAYNE H NAME NAME 450 E. LAS OLAS BLVD., STE 1500 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ROCHON, RICHARD C NAME NAME STREET ADDRESS 450 E. LAS OLAS BLVD., STE 1500 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33301 CITY-ST-ZIP VTS. TITLE ☐ Delete TITLE ☐ Addition Cris V. Branden BRANDEN, CRIS V NAME NAME 450 E LAS OLAS BLVD STE 1500 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receive for 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition