

APPROVED  
AND  
FILED  
7-984 P.02/03 F-007

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L96000000678  
1. Entity Name  
**GLOBAL ENTERTAINMENT INSURANCE LLC**

00 MAY 18 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business 7705 DIXIE HWY 3. Mailing Address PO BOX 141916  
Suite, Apt. #, etc. SUITE 2 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State CORAL GABLES FL City & State CORAL GABLES, FL  
Zip 33146 Country USA Zip 33114 Country USA

4. FEI Number 65-0675214 Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name BARRY MACEWAN  
Street Address (P.O. Box Number is Not Acceptable) 4275 LENNOX DRIVE  
City COCONUT GROVE FL Zip Code 33133

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] BARRY MACEWAN DATE 3/22/00  
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 tax filing requirement and elects to do so  (See criteria on back)

**FILE NOW!! FEE IS \$160.00**  
**After MAY 1, 2000 Fee will be \$660.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>PRESIDENT MGR</u>	<input type="checkbox"/> Delete
NAME	<u>BARRY MACEWAN</u>	
STREET ADDRESS	<u>4275 LENNOX DRIVE</u>	
CITY - ST - ZIP	<u>COCONUT GROVE, FL 33133</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>8000003283588</u>	
STREET ADDRESS	<u>-06/14/00--01102--021</u>	
CITY - ST - ZIP	<u>*****55.00 *****55.00</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>2000008136012</u>	
STREET ADDRESS	<u>-04/05/00--01004--010</u>	
CITY - ST - ZIP	<u>*****50.00 *****50.00</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 receiver or 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 on an attachment with an address, with all other like empowered

SIGNATURE: [Signature] BARRY MACEWAN Date 3/22/00 Daytime Phone # 305 665 8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034(1999)