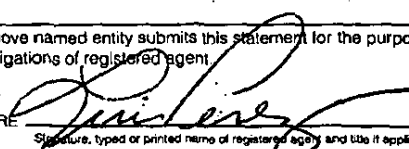


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

06-16-2003 90148 012 ****61.25

DOCUMENT # N02000003406					
1. Entity Name MIAMI MARLINS, INC.					
Principal Place of Business 8370 SW 69 STREET MIAMI FL 33173			Mailing Address 9370 SW 69 STREET MIAMI FL 33173		
2. Principal Place of Business 16615 S.W. 100 Terr			3. Mailing Address 16615 SW 100 Terr.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL		City & State MIAMI FL		4. FEI Number APPLIED FOR	
Zip 33196		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132			7. Name and Address of New Registered Agent Name: Luis Perez Street Address (P.O. Box Number is Not Acceptable): 9370 S.W. 69 St. City: Miami FL Zip Code: 33173		
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 		DATE 6/9/03			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD VAZQUEZ, EDGARDO L 11477 S.W. 111TH COURT MIAMI FL 33175 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Beatriz Vinson 16615 S.W. 100 Terr. Miami, FL 33196 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VINSON, MICHAEL C 11477 S.W. 111TH COURT MIAMI FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Michael C. Vinson 16615 SW 100 Terr. Miami, FL 33196 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PEREZ, LUIS 11477 S.W. 111TH COURT MIAMI FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Luis Perez 9370 SW 69 St Miami, FL 33173 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. 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 617, 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.					
SIGNATURE: 		DATE 6/9/03		Daytime Phone # (305) 649-8888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (10/02)