TO:0488#99999#0100#1305 P.2/2

AMEND

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 17 PM 1:51

AMENDED
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000067655

1. Entity Name
MARLIN SHOWCASE COMPANY

Principal Place of Business	Mailing Address
300 ARAGON AVENUE SUITE 305 CORAL GABLES, FL 33134	300 ARAGON AVENUE SUITE 305 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
9851 NW 106 Street	9851 NW 106 Street
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3
City & State Medley, Florida	City & State Medley, Florida
Zip / Country 33178 / USA	Zip / Country 33178

DN00217604BD
07/24/03--01013--010 **61.25

☐ CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number
03-0464979
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, TIMOTHY JR
300 ARAGON AVENUE
SUITE 305
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Robertson, Timothy Jr.
Street Address (P.O. Box Number is Not Acceptable)
9851 NW 106 Street, Suite 3
City Medley FL Zip Code 33178

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

FILED NUNC PRO TUNC
JUL 17 2003
CR2E034 (10/02)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ROBERTSON, TIMOTHY JR 300 ARAGON AVENUE SUITE 305 CORAL GABLES, FL 33134	☐ Delete	PTD Robertson, Timothy Jr. 9851 NW 106 Street, Suite 3 Medley, FL 33178	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS RASON, LILLIAN 380 ARAGON AVE, 306 CORAL GABLES, FL 33134	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #