FILED
Mar 14, 2003 8:00 am
Secretary of State
03-14-2003 90058 002 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110201

10038525

1. Entity Name
INTERNATIONAL MOTORCYCLE SHOW OF MIAMI, INC.

Principal Place of Business	Mailing Address
2900 MIDDLE ST. STE 700 MIAMI, FL 33133	2900 MIDDLE ST. STE 700 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
1201 BRICKELL	1201 BRICKELL
Suite, Apt. #, etc. SUITE 320	Suite, Apt. #, etc. SUITE 320
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131 Country USA	Zip 33131 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3671162 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RYAN, DAVID P ESQ.
2900 MIDDLE ST. STE 700
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 3/11/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D RYAN, DAVID P 2900 MIDDLE ST. STE 700 MIAMI, FL 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, ARMANDO 2600 S.W. 3RD AVE. STE 301 MIAMI, FL 33129 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GUTIERREZ, ARMANDO X Change ☐ Addition 1201 BRICKELL, SUITE 320 MIAMI, FLORIDA 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 an address, with all other like empowered.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 3/11/03 Daytime Phone #