

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000048650

FILED
May 04, 2009
Secretary of State

Entity Name: SEMINOLE INDIAN CASINO INC

Current Principal Place of Business:

6341 NW 34 ST
SEMINOLE INDIAN RESERVATION
HOLLYWOOD, FL 33024

New Principal Place of Business:

9031 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

6341 NW 34 ST
SEMINOLE INDIAN RESERVATION
HOLLYWOOD, FL 33024

New Mailing Address:

9031 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS, FL 33418 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSCEOLA, MARCELLUS
6341 NW 34 ST
SEMINOLE INDIAN RESERVATION
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

GROUP2, LLC
9031 CYPRESS HOLLOW DRIVE
PALM BEACH GARDENS, FL 33418 US

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: JOSEPH J. POLICY

05/04/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OSCEOLA, WILLIAM T
Address: 6341 NW 34 ST, SEMINOLE INDIAN RESERVATION
City-St-Zip: HOLLYWOOD, FL 33024

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TWO RIVERS, WILLIAM T
Address: PO BOX 884
City-St-Zip: KAHNAWAKE, QU J0L1B0 CA

Title: D () Change (X) Addition
Name: JACOBS, CHARLES
Address: PO BOX 1034
City-St-Zip: KAHNAWAKE, QU JOL-1BO CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES JACOBS

D

05/04/2009

Electronic Signature of Signing Officer or Director

Date