

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90010 038 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P12356**

1. Entity Name

**CAESARS WORLD MARKETING CORPORATION**

Principal Place of Business

Mailing Address

3570 LAS VEGAS BLVD  
 LAS VEGAS NV 89109

3570 LAS VEGAS BLVD SO  
 ATTN: TAX DEPT.  
 LAS VEGAS NV 89109-8924  
 US

2. Principal Place of Business

**3930 HOWARD HUGHES PARKWAY**

3. Mailing Address

**3930 HOWARD HUGHES PARKWAY**

Suite, Apt. #, etc.

**4TH FLOOR**

Suite, Apt. #, etc.

**4TH FLOOR**

City & State

**LAS VEGAS, NEVADA**

City & State

**LAS VEGAS, NEVADA**

4. FEI Number

**22-2746389**

Applied For

Not Applicable

Zip

**89109**

Country

Zip

**89109**

Country

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

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BOYNTON, PETER G 3570 LAS VEGAS BLVD SO LAS VEGAS NV 89109</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS REILERT, ROBERT E 2100 PACIFIC AVE ATLANTIC CITY NJ</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WILSON, BETTY M 3570 LAS VEGAS BLVD S LAS VEGAS NV</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOYNTON, PETER 3570 LAS VEGAS BLVD SOUTH LAS VEGAS NV</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS RUBENSTEIN, MARC 3570 LAS VEGAS BLVD LAS VEGAS NE</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GCS RIVERA-SOTO, ROBERTO 3570 LAS VEGAS BLVD S LAS VEGAS NV</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D MARK R. DODSON 3930 HOWARD HUGHES PARKWAY LAS VEGAS, NEVADA 89109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D CLIVE S. CUMMIS 3930 HOWARD HUGHES PARKWAY LAS VEGAS, NEVADA 89109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D SCOTT A. LaPORTA 3930 HOWARD HUGHES PARKWAY LAS VEGAS, NEVADA 89109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSIST. S SUSAN L. JOHNSON 3930 HOWARD HUGHES PARKWAY LAS VEGAS, NEVADA 89109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Scott A. LaPorta*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SCOTT A. LaPORTA**

**MAY 1, 2000 702-699-5265**

Date

Daytime Phone #

CR2E034 (9/99)