

2001 UNIFORM BUSINESS REPORT (UBR)

0601261

05192

DOCUMENT # P12356

1. Entity Name

CAESARS WORLD MARKETING CORPORATION

FILED

01 MAY -9 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3930 HOWARD HUGHES PKWY 4TH FLOOR LAS VEGAS NV 89109 US	Mailing Address 3930 HOWARD HUGHES PKWY 4TH FLOOR LAS VEGAS NV 89109 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 22-2746389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating)</small>
DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	FILE NOW! After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYNTON, PETER G 3570 LAS VEGAS BLVD SO LAS VEGAS NV 89109 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REILERT, ROBERT E 2100 PACIFIC AVE ATLANTIC CITY NJ <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILSON, BETTY M 3570 LAS VEGAS BLVD S LAS VEGAS NV <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYNTON, PETER 3570 LAS VEGAS BLVD SOUTH LAS VEGAS NV <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RUBENSTEIN, MARC 3570 LAS VEGAS BLVD LAS VEGAS NE <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCS RIVERA-SOTO, ROBERTO 3570 LAS VEGAS BLVD S LAS VEGAS NV <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK R. DODSON 3930 Howard Hughes Pkwy. Las Vegas, NV 89109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas E. Gallagher 3930 Howard Hughes Pkwy. Las Vegas, NV 89109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Clive S. Cummis 3930 Howard Hughes Pkwy. Las Vegas, NV 89109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Scott A. LaPorta 3930 Howard Hughes Pkwy. Las Vegas, NV 89109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SUSAN L. JOHNSON 3930 Howard Hughes Pkwy. Las Vegas, NV 89109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004191721--1

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 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: *Susan L. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN L. JOHNSON, ASSISTANT SECRETARY

5-8-01 702-699-5042
Date Daytime Phone #

CR2E034 (10/00)



pg 2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 143869 5027794

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 550.00

ORDER DATE : May 8, 2001

ORDER TIME : 1:43 PM

ORDER NO. : 143869-010

CUSTOMER NO: 5027794

CUSTOMER: Ms. Pamela A. Bouchard
Park Place Entertainment
Hilton Corporate Plaza
3930 Howard Hughes Pkwy.
Las Vegas, NV 89109

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAY -9 PM 2:23
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING.

ANNUAL REPORT FILING

NAME: CAESARS WORLD MARKETING
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____