

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000049589**  
 1. Entity Name  
**PHOENIX RESORTS, INC.**

Principal Place of Business 5745 MASTERS BOULEVARD ORLANDO, FL 32819 US	Mailing Address 5745 MASTERS BOULEVARD ORLANDO, FL 32819 US
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01042004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3253237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 BRADY, DONALD  
 5745 MASTERS BOULEVARD  
 ORLANDO, FL 32819

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, DONALD E 5745 MASTERS BOULEVARD ORLANDO, FL 32819
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 01/07/04-80007-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David E. Brady* DATE: 1/4/04 DAYTIME PHONE #: 407-876-6020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR