2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90330 022 ***150.00 DOCUMENT # P95000059726 VENETIA HOTEL, INC. Principal Place of Business Mailing Address 14013979 901 VENETIA BAY BLVD. 901 VENETIA BAY BLVD. SUITE 300 SUITE 300 VENICE, FL 34292 VENICE, FL 34292 2. Principal Place of Business 3. Mailing Address 1601 Pine Lake Drive 1601 Pine Lake Drive Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 03082004 Chg-P Applied For City & State City & State 4. FEI Number 65-0610647 <u>Venice, Florida</u> Not Applicable <u>Venice, Florida</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34285 Fee Required 34285 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARTENSTINE, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVENUE SARASOTA, FL 34236 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 मार्कि 🚡 **K** Delete TITLE Change Change Addition MITCHELL, RICHARD J NAME NAME Edwin D. Taylor STREET ADDRESS 901 VENETIA BAY BLVD STE 300 STREET ADDRESS 1601 Pine Lake Drive CITY-ST-ZIP VENICE, FL CITY-ST-ZIP Venice, FL 34285 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED