

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90071 050 ***150.00

0184017

DOCUMENT # P95000095890

1. Entity Name

TITANIC BREWING COMPANY, INC.

Principal Place of Business

**5813 PONCE DE LEON BLVD
 CORAL GABLES FL 33146
 US**

Mailing Address

**5813 PONCE DE LEON BLVD
 CORAL GABLES FL 33146
 US**

00042501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0645958

Applied For

Not Applicable

Zip

Country

Zip

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

**RUSK, KEVIN D
 2431 TRAPP AVE
 MIAMI FL 33133**

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

Kevin Rusk - Kevin Rusk

4/23/01

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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | RUSK, KEVIN D | |
| STREET ADDRESS | 5813 PONCE DE LEON BLVD | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | RUSK, MICHAEL | |
| STREET ADDRESS | 5813 PONCE DE LEON BLVD | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SULLIVAN, DR. STEPHEN | |
| STREET ADDRESS | 27350 RIDGE LAKE CT | |
| CITY-ST-ZIP | BONITA SPRINGS FL 33923 | |
| TITLE | CT | <input type="checkbox"/> Delete |
| NAME | SMIT, OLAV | |
| STREET ADDRESS | 3109 GRAND AVE #273 | |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | |
| TITLE | CT | <input type="checkbox"/> Delete |
| NAME | JERMAN, GARY | |
| STREET ADDRESS | 13948 FLETCHER MILL DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 title empowered.

SIGNATURE:

Kevin Rusk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

DATE

305-668-1742

DAYTIME PHONE #

CR2E034 (10/00)