2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 22, 2000 8:00 am Secretary of State DOCUMENT # **P97000072765** CAESAR'S VENTURE, INC. 02-22-2000 90060 033 ***158.75 Principal Place of Business Mailing Address 6441 COURTNEY CAMPBELL COURTNEY CAMPBELL TAMPA FL 33607-1403 FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3464305 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'MALLEY, ANDREW Street Address (P.O. Box Number is Not Acceptable) 100 SOUTH ASHLEY DRIVE SUITE 1190 #265 MAR TAMPA FL 33602 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Dresident + Diagoter. AChange Johnne H. Crompion 6047 Dania del Mar Blud #267. PD Delete TITLE LIESS, ROBERT M NAME 5915-B MEMORIAL HWY STREET ADDRESS ST-ZIP TAMPA FL 33615 CITY-ST-ZIP ☐ Delete TITLE STREET ADDRESS ST-ZIP CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP ST-719 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-7IP ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS ************ CITY-ST-ZIP ST-ZIP 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.

Michael A. Trusial 7/5/00 867-090