

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014166

FILED
Jan 13, 2004
Secretary of State

Entity Name: DESTINATION MIAMI HOTEL, INC.

Current Principal Place of Business:

11777 SAN VICENTE BLVD.,
SUITE 900
LOS ANGELES, CA 90049

New Principal Place of Business:

Current Mailing Address:

11777 SAN VICENTE BOULEVARD
SUITE 900
LOS ANGELES, CA 90049

New Mailing Address:

FEI Number: 52-2080361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PECK, CHARLES S
Address: 10333 E. DRY CREEK RD #450
City-St-Zip: ENGLEWOOD, CO 80112

Title: DVT () Delete
Name: POLADIAN, AVEDICK
Address: 11777 SAN VICENTE BLVD., SUITE 900
City-St-Zip: LOS ANGELES, CA 90049

Title: DV () Delete
Name: HICKEY, MARK F
Address: 10333 EAST DRY CREEK ROAD, SUITE 900
City-St-Zip: ENGLEWOOD, CO 80112

Title: S () Delete
Name: LARSEN, LEANNE
Address: 11777 SAN VICENTE BV SUITE 900
City-St-Zip: LOS ANGELES, CA 90049

Title: V () Delete
Name: DEMARCO, JOHN M
Address: 11777 SAN VICENTE BLVD., SUITE 900
City-St-Zip: LOS ANGELES, CA 90049

Title: CEO () Delete
Name: PLATT, JOHN B III
Address: 26 W MICHELTORENA ST
City-St-Zip: SANTA BARBARA, CA 93101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVT (X) Change () Addition
Name: POLADIAN, AVEDICK B
Address: 11777 SAN VICENTE BLVD., SUITE 900
City-St-Zip: LOS ANGELES, CA 90049

Title: D (X) Change () Addition
Name: HICKEY, MARK F
Address: 10333 EAST DRY CREEK ROAD, SUITE 900
City-St-Zip: ENGLEWOOD, CO 80112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEANNE LARSEN

S

01/13/2004

Electronic Signature of Signing Officer or Director

Date