

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90062 048 \*\*\*150.00

**DOCUMENT # P98000023763**

1. Entity Name  
**TITANIC LEASING INC.**

Principal Place of Business <b>5813 PONCE DE LEON BLVD          CORAL GABLES FL 33146</b>	Mailing Address <b>5813 PONCE DE LEON BLVD          CORAL GABLES FL 33146</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 5014</b> Suite, Apt. #, etc.
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City & State <b>GLEN ARM. MD</b>	4. FEI Number <b>65-0820868</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>21057</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



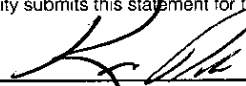
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**RUSK, KEVIN D  
 5813 PONCE DE LEON BLVD  
 CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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  DATE **3/21/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>RUSK, KEVIN D</b>
STREET ADDRESS	<b>5813 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>SULLIVAN, STEPHEN G</b>
STREET ADDRESS	<b>5813 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<b>STD</b> <input type="checkbox"/> Delete
NAME	<b>RUSK, MICHAEL H</b>
STREET ADDRESS	<b>5813 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 like empowered.

SIGNATURE:  DATE **3/21/01** DAYTIME PHONE # **305-663-1742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)