

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000084706

FILED
Jan 27, 2002 8:00 AM
Secretary of State

Entity Name: DELTA RESORTS, INC.

Current Principal Place of Business:

5448 HOFFNER AVE
SUITE 403
ORLANDO, FL 32812

New Principal Place of Business:

2024 58TH AVE
VERO BEACH, FL 32966 US

Current Mailing Address:

5448 HOFFNER AVE
SUITE 403
ORLANDO, FL 32812

New Mailing Address:

969-G EDGEWATER BLVD
SUITE # 390
FOSTER CITY, CA 94404 US

FEI Number: 65-0876266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'HAIRE, SEAN
2024 58TH AVE
VERO BEACH, FL 32966 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NETTLES, WALTER
Address: 5448 HOFFNER AVE # 403
City-St-Zip: ORLANDO, FL 32812

Title: P () Delete
Name: MANOSKE, MICHAEL G
Address: 969-G EDGEWATER BLVD # 390
City-St-Zip: FOSTER CITY, CA 94404

Title: STD () Delete
Name: MANOSKE, ANTONETTE R
Address: 969-G EDGEWATER BLVD # 390
City-St-Zip: FOSTER CITY, CA 94404

Title: VP () Delete
Name: O'HAIRE, SEAN
Address: 2024 58TH AVE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MANOSKE, MICHAEL G
Address: 969-G EDGEWATER BLVD # 390
City-St-Zip: FOSTER CITY, CA 94404

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: ANTONETTE R. MANOSKE

STD

01/27/2002

Electronic Signature of Signing Officer or Director

Date