

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000086745

FILED
Feb 02, 2005
Secretary of State

Entity Name: FBA AIRPLANE, INC.

Current Principal Place of Business:

601 BISCAYNE BLVD
AMERICAN AIRLINES ARENA
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

601 BISCAYNE BLVD
AMERICAN AIRLINES ARENA
MIAMI, FL 33132

New Mailing Address:

FEI Number: 59-2681369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PENINSULA REGISTERED AGENT, INC
200 S. BISCAYNE BOULEVARD
43RD FLOOR
MIAMI, FL 33132 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: D () Delete
Name: ARISON, MICKY
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: D () Delete
Name: FRANK, HOWARD S
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: VP () Delete
Name: WOOLWORTH, ERIC
Address: 601 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33132

Title: VP () Delete
Name: SCHULMAN, SAMUEL D
Address: 601 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SAMUEL D. SCHULMAN

VP

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date