

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90001 040 ***150.00

DOCUMENT # P98000101035	
1. Entity Name KERZNER INTERNATIONAL MARKETING, INC.	

Principal Place of Business 1000 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324-3907	Mailing Address 1000 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324-3907
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24036861

2. Principal Place of Business		3. Mailing Address 1000 South Pine Island Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #800	
City & State		City & State Plantation, Florida	
Zip	Country	Zip 33324	Country

03162004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0880994		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDT ALLISON, JOHN 1000 S PINE ISLAND ROAD #800 FORT LAUDERDALE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVDT Allison, John 1000 S Pine Island Rd #800 Plantation, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURTHA, WILLIAM 2106 NEW ROAD C7 LINWOOD, NJ 08221 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE John Allison, Exec. Vice President 3/29/2004 (954) 809-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CNR 7002 0960 0002 3874 3411