

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 018 ***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, #800 PLANTATION, FL 33324-3907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	EVDT ALLISON, JOHN 1000 SOUTH PINE ISLAND ROAD, #800 FORT LAUDERDALE, FL 33324 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ 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	Director, Vice President Richard M. Levine 730 Fifth Avenue, 5th Floor New York, NY 10019 ☐ 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 exemptions contained in Chapter 119, 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:			Exec. V. P.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/31/2006 Daytime Phone #: (954) 809-2626		