

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90112 037 \*\*\*158.75

**DOCUMENT # P99000067695**

1. Entity Name  
**ARENA CRUISES, INC.**

Principal Place of Business  
**ONE SE THIRD AVE., SUITE 2300**  
**SUNTRUST INTERNATIONAL CENTER**  
**MIAMI FL 33131**

Mailing Address  
**ONE SE THIRD AVE., SUITE 2300**  
**SUNTRUST INTERNATIONAL CENTER**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**601 BISCAYNE BLVD**  
 Suite, Apt. #, etc.  
**AMERICAN AIRLINES ARENA**  
 City & State  
**Miami, FL**

3. Mailing Address  
**601 BISCAYNE BLVD**  
 Suite, Apt. #, etc.  
**AMERICAN AIRLINES ARENA**  
 City & State  
**Miami, FL**

4. FEI Number **65-0982216** Applied For  
 Not Applicable

Zip **33132** Country **USA** Zip **33132** Country **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVE., SUITE 3000**  
**MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROSS, I. JAY</b> <b>ONE SE THIRD AVE., SUITE 2300</b> <b>MIAMI FL 33131</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHULMAN, SAMUEL D</b> <b>ONE SE THIRD AVE., SUITE 2300</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WOOLWORTH, ERIC S</b> <b>ONE SE THIRD AVE., SUITE 2300</b> <b>MIAMI FL 33131</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **1/10/01** Daytime Phone #: **726-777-409**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)