FILED
May 16, 2003 8:00 am
Secretary of State
05-16-2003 90544 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101391

1. Entity Name
MILLENNIUM CRUISE LINES, INC.

55041546

Principal Place of Business	Mailing Address
800 BRICKELL AVE SUITE 900 MIAMI, FL 33131	800 BRICKELL AVE SUITE 900 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
10400 NW 33 STREET	10400 NW 33 STREET
Suite, Apt. #, etc. 270	Suite, Apt. #, etc. 270
City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33172 Country USA	Zip 33172 Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0962588 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OCAMPO, CARLOS A
11153 NW 71ST TERR
MIAMI, FL 33178-3782

7. Name and Address of New Registered Agent

Name OCAMPO, CARLOS A.
Street Address (P.O. Box Number is Not Acceptable)
10400 NW 33 STREET
City MIAMI FL Zip Code 33172

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 _____ 05-01-2003
(Signature, typed or printed name of registered agent and title if applicable) (MORE: Registered Agent signature required when reinstating) DATE

FILED
May 16, 2003 Secretary of State
000544 001 **150.00

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	PSTD OCAMPO, CARINA 800 BRICKELL AVE SUITE 900 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD OCAMPO CARINA 10400 NW 33 STREET MIAMI, FL. 33172.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCAMPO, TULIO A 800 BRICKELL AVE SUITE 900 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCAMPO, TULIO A 10400 NW 33 STREET MIAMI, FL. 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCAMPO, CARLOS A 800 BRICKELL AVE SUITE 900 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCAMPO, CARLOS A 10400 NW 33 STREET MIAMI, FL. 33172	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON, DANIEL 621 PARK PLAZA DR. LACROSSE, WI 54601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REIDER, JAMES A 621 PARK PLAZA DR. LACROSSE, WI 54601	☐ 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

CR2E034 (10/02)

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: _____ 05-01-03 (954) 816-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #