

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90102 034 ***150.00

DOCUMENT # V58290

1. Entity Name
FLORIDA MARLINS OF BREVARD, INC.

Principal Place of Business
450 E LAS OLAS BLVD
1500
FORT LAUDERDALE FL 33301
US

Mailing Address
450 E LAS OLAS BLVD
1500
FORT LAUDERDALE FL 33301
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0354089** Applied For
 Not Applicable

Zip Country Zip Country

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

AMERICAN INFORMATION SERVICES, INC.
1 SE 3RD AVENUE
27TH FLOOR
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CEO**
 STREET ADDRESS **HUIZENGA, WAYNE H**
 CITY-ST-ZIP **450 E. LAS OLAS BLVD., STE 1500**
FT LAUDERDALE FL 33301

Change Addition

TITLE Delete
 NAME **PD**
 STREET ADDRESS **ROCHON, RICHARD C**
 CITY-ST-ZIP **450 E LAS OLAS BLVD STE 1500**
FORT LAUDERDALE FL 33301

TITLE Change Addition
 NAME **ROCHON RICHARD C**

TITLE Delete
 NAME **D**
 STREET ADDRESS **ROCHON, RICHARD C**
 CITY-ST-ZIP **450 E. LAS OLAS BLVD., STE 1500**
FT. LAUDERDALE FL 33301

Change Addition

TITLE Delete
 NAME **VTS**
 STREET ADDRESS **BRANDON, CRIS V**
 CITY-ST-ZIP **450 E LAS OLAS BLVD STE 1500**
FORT LAUDERDALE FL 33301

TITLE Change Addition
 NAME **VTS**
 STREET ADDRESS **BRANDEN CRIS V**

TITLE Delete

Change Addition

TITLE Delete

Change 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: CRIS V BRANDEN Vice President 4/26/01 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)