2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002513

Entity Name: JAX CONCOURSE OWNERS CORP.

Current Principal Place of Business:

68 S. SERVICE RD., STE. 120 MELVILLE. NY 11747

Current Mailing Address:

68 S. SERVICE RD., STE. 120 MELVILLE, NY 11747 US

FEI Number: 86-3679840 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 N. CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 US

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:

Name

Electronic Signature of Registered Agent Date

Title

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name ANGELO, BERNARD J. Name BURNS, KEVIN P.

Address 68 SOUTH SERVICE ROAD, SUITE 120 Address 68 SOUTH SERVICE ROAD, SUITE 120

City-State-Zip: MELVILLE NY 11747 City-State-Zip: MELVILLE NY 11747

Title DIRECTOR Title VP, ASST. TREASURER AND ASST.

PEREZ. DAMIAN A. SECRETARY

Name MATARESE, JILL A.
Address 68 SOUTH SERVICE ROAD, SUITE 120

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City-State-Zip: MELVILLE NY 11747

City-State-Zip: MELVILLE NY 11747

Title OFFICER

Name ANGELO, BERNARD J.

Name BISNATH, NIGEL

Address 68 SOUTH SERVICE ROAD SUITE 120 Address 68 SOUTH SERVICE ROAD

SUITE 120

City-State-Zip: MELVILLE NY 11747

City-State-Zip: MELVILLE NY 11747

City-State-Zip: MELVILLE NY 11747

Title OFFICER

Title OFFICER Name BURNS, KEVIN P.

Address 68 SOUTH SERVICE ROAD Name O'CONNOR, TIMOTHY

SUITE 120 Address 68 SOUTH SERVICE ROAD SUITE 120

City-State-Zip: MELVILLE NY 11747

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OFFICER

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JILL A. MATARESE VP, ASST. TREASURER 03/06/2025 AND ASST. SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 06, 2025

Secretary of State

9155504535CC

Officer/Director Detail Continued:

Title OFFICER Title DIRECTOR

Name CORRIGAN, KEVIN J. Name EPPES, KRISTINE E.

Address 68 SOUTH SERVICE ROAD Address 68 SOUTH SERVICE ROAD

SUITE 120 SUITE 120

City-State-Zip: MELVILLE NY 11747 City-State-Zip: MELVILLE NY 11747