

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90265 050 ***150.00

DOCUMENT # F97000003396

1. Entity Name
WOLFGANG PUCK FOOD COMPANY, INC.



Principal Place of Business
**100 N. CRESCENT DR., SUITE 100
 BEVERLY HILLS, CA 90210**

Mailing Address
**100 N. CRESCENT DR., SUITE 100
 BEVERLY HILLS, CA 90210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
95-4100729

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 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 **PSTD** Delete
 NAME **KAUZ, ROB F**
 STREET ADDRESS **2901 CORDA LANE**
 CITY-ST-ZIP **LOS ANGELES, CA 90049**

TITLE **P&D** Change Addition
 NAME **Kautz, Rob F.**
 STREET ADDRESS **- Same -**
 CITY-ST-ZIP **- Same -**

TITLE **CD** Delete
 NAME **PUCK, WOLFGANG J**
 STREET ADDRESS **805 N. SIERRA DR.**
 CITY-ST-ZIP **BEVERLY HILLS, CA 90210**

TITLE **CD/CEO** Change Addition
 NAME **Puck, wolfgang J.**
 STREET ADDRESS **- same -**
 CITY-ST-ZIP **- same -**

TITLE **D** Delete
 NAME **KARAS, DON A**
 STREET ADDRESS **7226 VALENCIA DR**
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LAWRIE, JUDITH P**
 STREET ADDRESS **63 FAIRVIEW ROAD**
 CITY-ST-ZIP **WESTON, MA 02493**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SCULLEY, DAVID**
 STREET ADDRESS **BLACKBURN ROAD**
 CITY-ST-ZIP **SEWICKLEY, PA 15142**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **TAKAHASHI, LARRY**
 STREET ADDRESS **508 CALLE MAYOR**
 CITY-ST-ZIP **REDONDO BEACH, CA 90277**

TITLE **VP/T/Assistant Secretary** Change Addition
 NAME **Takahashi, Larry**
 STREET ADDRESS **- same -**
 CITY-ST-ZIP **- same -**

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: **Larry Takahashi** **4/23/2004** **310 432 1503**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #