FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90032 018 ***150.00

DOCUMENT # K34918

1. Corporation Name
HARD ROCK CAFE INTERNATIONAL (ORLANDO), INC.

Principal Place of Business	Mailing Address
5401 KIRKMAN RD. STE 200 ORLANDO FL 32819	FIVE CONCOURSE PKWY. #2400 ATLANTA GA 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/28/1988

2. Principal Place of Business
21: 6100 Old Park Lane
22: Suite, Apt. #, etc.
23: Orlando, Florida
24: 32835 Zip
25: US Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-2915648 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation owes the current year Intangible Personal Property Tax.* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 *Street Address (P.O. Box Number is Not Acceptable)*
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WATSON, JOHN H.		1.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BEAUDRAULT, PETER		2.2 NAME		
STREET ADDRESS	5401 KIRKMAN RD #200		2.3 STREET ADDRESS	6100 Old Park Lane	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VP	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	DAWSON, HORALL		3.2 NAME	Scott Little	
STREET ADDRESS	5401 KIRMAN RD SUITE 200		3.3 STREET ADDRESS	6100 Old Park Lane	
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-ST-ZIP	Orlando, FL 32835	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCNEESE, JACK		4.2 NAME		
STREET ADDRESS	5 CONCOURSE PKWY #2400		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DELANEY, THOMAS		5.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JONES, LESLIE O.		6.2 NAME		
STREET ADDRESS	FIVE CONCOURSE PKWY., #2400		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/15/99 770-392-9029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #