## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## K34918 **DOCUMENT #**

1. Entity Name

HARD ROCK CAFE INTERNATIONAL (ORLANDO), INC.



## **FILED** Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90109 023 \*\*\*150.00

Zep Country Zip Country 5. Certificate of Status Desired St. 75 Additional Fee Foodulard  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addr				WE TO	/	
Sulfo, Apr. #, etc.   Suite. Apt. #, Etc.   City & State   Applied For   Not Applicate   Not Applicate   Section   S	6100 OLD PARK		ATTN: JAY WOLSCZAK 6100 OLD PARK LANE ORLANDO FL 32835	1		[] [] [] [] [] [] [] [] [] [] [] [] [] [
City & State  City Country  Country  S. Certificate of Status Depited Seet Non-Registered Agent  7. Name and Address of New Registered Agent  City Than and Address of New R	2. Principal I	Place of Business				91811 B1811 81811 B1811 B1811 B1811 B1811
ZP Country Zip Country 59-2015648	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  City  City  City  City  FL  Zip Code  Cit	City & State		City & State		4. FEI Number 59-2915648	Applied For Not Applicable
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Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  City FL Zip Code  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 acceptable)  SIGNATURE  Signature, hybrid or printed name of registered signat.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 11.  MANS.  SIRET ADDRESS  ORLAND FL 32835  ORLAN	<b>.</b> –			Name		
PLANTATION FL 33324  City FL Zip Code  6. 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 w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the obligations of registered agent, or both, in the State of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I am familiar w/an, and access the state of Florida. I	C T COR	PORATION SYSTEM		Ctroot Add	o /P.O. Pov Niumbor is Net Assessed (2)	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/(3)/(1). Florida Statutes, I further certify that the information	CITY-ST-ZIP		•			
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INDICATED OF THIS REDUIT OF SUDDIEMENTAL FEDORE IS THE AND ACCURATE AND THAT MY SIGNATURE Shall have the same legal effect as if made under ooth, that I am as afficial as dispatent	maicateu	on this report of supplemental repor	LIS ITUE and accurate and that $\sigma$	ny sionatiire shall haye the	seme legal effect as if made under eath; th	of Lam on 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 in changed, or on an attachment with an address, with all other life empowered.	of the corp changed.	poration or the receiver or trustee em or on an attachment with an address	npowered to execute this report as with all other life empowered.	as required by Chapter 60	7, Florida Statutes; and that my name appe	ars in Block 10 or Block 11 if

SIGNATURE: