2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #354177

FILED Jan 27, 2004 8:00 am Secretary of State 01-27-2004 90008 018 ***150.00

1. Entity Name PIZZA HUT OF TITUSVILLE, INC.										
Principal Place of Business 14841 DALLAS PKWY DALLAS, TX 75254-7552 US		Mailing Address 14841 DALLAS PKWY DALLAS, TX 75254-7552 US				44004933				
2. Principal Place of Business		3. Mailing Address			_					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01142004	Chg-P	CR2E03	34 (10/ 0 3)	
City & State		City & State				4. FEI Number 59-128				pplied For ot Applicable
Zip Country		Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name	_	7. Name and	Address of New F	Registered A	gent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					dress (I	P.O. Box Numb	er is Not Acceptable	e)		
				City	<u>-</u>	<u> </u>		FL	Zip Coc	le
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent					ed agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	<u></u> _	ribution.	cing		00 May Be ed to Fees				
10	OFFICERS AND		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	MURPHY, JOHN J 14841 DALLAS PKWY DALLAS, TX 752547552	☐ Delete							☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MORGAN, MELANIE K 14841 DALLAS PKWY DALLAS, TX 752547552	XX Delete		- 1	148	IE L. SH 841 DALLA	HULTZ AS PARKWAY 75254-755	2	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS HORN, IDA W 14841 DALLAS PKWY DALLAS, TX 752547552	☐ Delete						.	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate					,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		4					Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address.	s true and accurate and that no owered to execute this report	ny signat as requir	ure shall hav	ve the s	same legal effec	t as if made under (oath; that I ar	n an officer	or director

John J. Murphy AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

972/338-7700

Daytime Phone #