

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

2007 JUL 24 PM 4:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # F0100002244					
1. Entity Name HOOTERS OF ORLANDO (AIRPORT), INC.					
Principal Place of Business 1815 THE EXCHANGE ATLANTA, GA 30339			Mailing Address 1815 THE EXCHANGE ATLANTA, GA 30339		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-2611317	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROOKS, COBY G		NAME		
STREET ADDRESS	1815 THE EXCHANGE		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30339		CITY - ST - ZIP	700105344547	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	07/17/07--01010--016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, RODNEY C		NAME		
STREET ADDRESS	1815 THE EXCHANGE		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30339		CITY - ST - ZIP	700105344547	
TITLE		<input type="checkbox"/> Delete	TITLE	07/24/07--01038--018	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	**341.25	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Coby G. Brooks		7/23/07 770-451-2040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

JUL 24 2007