

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 020 ***150.00

DOCUMENT # F95000002555

1. Entity Name
HOUSE OF BLUES ORLANDO RESTAURANT CORP.



Principal Place of Business
**6255 SUNSET BLVD
16TH FLR
HOLLYWOOD, CA 90028 US**

Mailing Address
**6255 SUNSET BLVD
16TH FLR
HOLLYWOOD, CA 90028 US**

50026471



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2597232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSV KACZOROWSKI, JOSEPH C. 6255 SUNSET BLVD 16TH FLOOR HOLLYWOOD, CA 90028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALKER, JEFF 1221 AVENUE OF THE STARS STE 1900 NEW YORK, NY 10020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TROJAN, GREGORY 6255 SUNSET BLVD 16TH FLOOR HOLLYWOOD, CA 90028
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Joseph C. Kaczorowski

Joseph C. Kaczorowski 3/4/05 323-769-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #