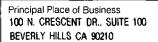
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

F97000003396 DOCUMENT #

1. Entity Name WOLFGANG PUCK FOOD COMPANY, INC.



Mailing Address

100 N. CRESCENT DR., SUITE 100 BEVERLY HILLS CA 90210

6 D-()1	2	la u m								
2. Principal Place of Business		3. Mailing Address					••••	- 171-5 (1115	70110 0111 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City &	City & State			. FEI Number 95-4100729 Applied For Not Applicable				
Zip	Country	Zip		Country		-				
Σιρ		ΖΙΡ	ΣΙΡ		5.	5. Certificate of Status Desired				
~	6. Name and Address of Current	Registered	Agent		7.	Name and Address of New Register	ed Ag	ent		
			Name							
	Poration System JTH PINE ISLAND ROAD		Street Addre			ss (P.O. Box Number is Not Acceptable)				
	ION FL 33324									
FLANIAII	ON FL 33324 .									
				City		F	ΞL	Zip Cod	е	
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, 2003 Fee will be \$550.00						Election Campaign Financing Trust Fund Contribution.			0 May Be i to Fees	
Make Check Payable to Florida Department of State										
10.	OFFICERS AND	DIRECTORS	**-=	11.	AC	ODITIONS/CHANGES TO OFFICERS				
TITLE	PSTD		☐ Delete	TITLE				Change	☐ Addition	
NAME	KAUZ, ROB F 2901 CORDA LANE			NAME CEREST ARRESCO						
STREET ADDRESS CITY-ST-ZIP	LOS ANGELES CA 90049			STREET ADDRESS CITY-ST-ZIP						
					 				- Addition	
TITLE NAME	CD PUCK, WOLFGANG J		☐ Delete	TITLE NAME			L	_ Change	☐ Addition	
STREET ADDRESS	805 N. SIERRA DR.			STREET ADDRESS						
CITY-ST-ZIP	BEVERLY HILLS CA 90210			CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE			Г	Change	Addition	
NAME	KARAS, DON A		L Delete	NAME			۱.,	_ onlings		
STREET ADDRESS	7226 VALENCIA DR			STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33433			CITY-ST-ZIP						
TITLE	D		☐ Delete	TITLE] Change	Addition	
NAME	LAWRIE, JUDITH P			NAME				_ *		
STREET ADDRESS	63 FAIRVIEW ROAD			STREET ADDRESS		· ·				
CITY-ST-ZIP	WESTON MA 02493			C1TY-ST-ZIP		```				
TITLE	D		☐ Delete	TITLE]		[.	Change	☐ Addition	
NAME	SCULLEY, DAVID			NAME						
STREET ADDRESS	BLACKBURN ROAD			STREET ADDRESS					i	
CITY-ST-ZIP	SEWICKLEY PA 15142			CITY-ST-ZIP						
TITLE	VP		☐ Delete	TITLE				Change	Addition	
NAME	TAKAHASHI, LARRY			NAME						
STREET ADDRESS	508 CALLE MAYOR			STREET ADDRESS	}					
CITY-ST-ZIP	REDONDO BEACH CA 90277			CITY-ST-ZIP	ĺ					

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:

FILED

05-02-2003 90201 024 ***150.00

May 02, 2003 8:00 am § Secretary of State