

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90355 011 ***150.00

DOCUMENT # F97000004268
 1. Entity Name

THE JOHNNY ROCKETS GROUP, INC.

Principal Place of Business	Mailing Address
15635 ALTON PARKWAY SUITE 350 IRVINE CA 92618	15635 ALTON PARKWAY SUITE 350 IRVINE CA 92618

768676

2. Principal Place of Business	3. Mailing Address
26970 LAGUNA HILLS DR.	26970 LAGUNA HILLS DR.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 100	SUITE 100

City & State	City & State
ALISO VIEJO CA	ALISO VIEJO CA

Zip	Country	Zip	Country
92656	U.S.A.	92656	U.S.A.

4. FEI Number	Applied For
95-4549800	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOC SHUMSKY, MICHAEL R 15633 ALTON PARKWAY STE 350 IRVINE CA 92618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOS STRYKER, JAMES W 15635 ALTON PARKWAY STE 350 IRVINE CA 92618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HALPERN, JOHN 500 BOYLSTON ST STE 1880 BOSTON MA 02116-3740 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DREXLER, MILLARD 1 HARRISON STREET SAN FRANCISCO CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRIEDMAN, RICHARD 20 UNIVERSITY ROAD CAMBRIDGE MA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENNINGS, MARK 551 FIFTH AVE 31ST FLOOR NEW YORK NY 10176 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D SHUMSKY, MICHAEL R 26970 LAGUNA HILLS DR., STE 100 ALISO VIEJO CA 92656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S STRYKER, JAMES W 26970 LAGUNA HILLS DR., STE 100 ALISO VIEJO CA 92656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATRICOF, ALAN 445 PARK AVENUE NEW YORK NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLLACK, BRUCE 30 ROCKEFELLER PLAZA, STE 5050 NEW YORK NY 10020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEITELBAUM, JILL 555 W. FIFTH STREET, STE 3500 LOS ANGELES CA 90013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R Shumsky* 4/30/01 (949) 643-6100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)