2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # G64934** May 01, 2000 8:00 am Secretary of State JILLIAN'S ENTERTAINMENT CORPORATION 05-01-2000 90457 003 ***150.00 Principal Place of Business Mailing Address 1387 S 4TH ST 1387 \$ 4TH ST LOUISVILLE KY 40208 LOUISVILLE KY 40208-2349 3. Mailing Address 2. Principal Place of Business 462 S. Fourth Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 2200 City & State Louisville, Kentucký City & State 4. FEI Number Applied For 59-2334472 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 40202 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CEO XX Delete TITLE President, Secretary, Treasurer, Directory TITLE FOSTER, STEVEN NAME NAME Daniel M. Smith 1387 S 4TH ST STREET ADDRESS STREET ADDRESS 1387 S. Fourth Street CITY-ST-7IP LOUISVILLE KY 40208 CITY-ST-ZIP <u> Iouisville, KY 40208</u> ← Change - Addition Delete TITI F Assistant Secretary SMITH, DANIEL M NAME Gregory Stevens 1387 S 4TH ST STREET ADDRESS STREET ADDRESS 1387 S. Fourth Street LOUISVILLE KY 40208 CITY-ST-ZIP CITY-ST-ZIP Louisville, KY 40208 Delete . ___ --- Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 those empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIESIDENT DANIEL M. SMITH 4/16/2000 (502) 638-9008

NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with a

SIGNATURE AND TYPED OR P

SIGNATURE: