

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90457 003 ***150.00

DOCUMENT # G64934

1. Entity Name
JILLIAN'S ENTERTAINMENT CORPORATION

Principal Place of Business 1387 S 4TH ST LOUISVILLE KY 40208 US	Mailing Address 1387 S 4TH ST LOUISVILLE KY 40208-2349 US
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2. Principal Place of Business	3. Mailing Address 462 S. Fourth Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2200
City & State	City & State Louisville, Kentucky
Zip	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2334472	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE CEO	<input checked="" type="checkbox"/> Delete
NAME FOSTER, STEVEN	
STREET ADDRESS 1387 S 4TH ST	
CITY-ST-ZIP LOUISVILLE KY 40208	
TITLE D	<input type="checkbox"/> Delete
NAME SMITH, DANIEL M	
STREET ADDRESS 1387 S 4TH ST	
CITY-ST-ZIP LOUISVILLE KY 40208	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President, Secretary, Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Daniel M. Smith	
STREET ADDRESS 1387 S. Fourth Street	
CITY-ST-ZIP Louisville, KY 40208	
TITLE Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Gregory Stevens	
STREET ADDRESS 1387 S. Fourth Street	
CITY-ST-ZIP Louisville, KY 40208	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: *[Signature]* **PRESIDENT DANIEL M. SMITH** 4/26/2000 (502) 638-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)