

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90150 001 \*\*\*900.00

0584839

**DOCUMENT # G64934**

1. Entity Name

**JILLIAN'S ENTERTAINMENT CORPORATION**

Principal Place of Business

Mailing Address

1387 S 4TH ST  
 LOUISVILLE KY 40208  
 US

462 S FOURTH AVE  
 STE 2200  
 LOUISVILLE KY 40202  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2334472**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, DANIEL M</b>	
STREET ADDRESS	<b>1387 S FOURTH STREET</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY 40208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, DANIEL M</b>	
STREET ADDRESS	<b>1387 S 4TH ST</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY 40208</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, GREGORY</b>	
STREET ADDRESS	<b>1387 S FOURTH STREET</b>	
CITY-ST-ZIP	<b>LOUISVILLE KY 40208</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Daniel M. Smith**

**4-10-01**

Date

**502-638-9008**

Daytime Phone #

CR2E034 (10/00)

**37019**



DO NOT WRITE IN THIS SPACE