FILED Apr 18, 2001 8:00 am

DOCUMENT # G64934 1. Entity Name JILLIAN'S ENTERTAINMENT CORPORATION					Apr 18, 2001 8:00 am Secretary of State 04-18-2001 90150 001 ***900.00			
Principal Place of Business 1387 S 4TH ST LOUISVILLE KY 40208 US		Mailing Address 462 S FOURTH AVE STE 2200 LOUISVILLE KY 40202 US			37019			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-2334472		Applied For Not Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ac		
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Regist	ered Agent		
1201	PRENTICE-HALL CORPORATION SY HAYS STREET E 105	STEM, INC. Street Address (ss (P.O. I	(P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32301	•	City	-		FL Zip Co	de	
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 Sta		State				
11.	OFFICERS AND D		12.	AE	DDITIONS/CHANGES TO OFFICERS		RS IN 11	ء ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, DANIEL M 1387 S FOURTH STREET LOUISVILLE KY 40208	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		Change	Addition	140,000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DANIEL M 1387 S 4TH ST LOUISVILLE KY 40208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	נ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEVENS, GREGORY 1387 S FOURTH STREET LOUISVILLE KY 40208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
13. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is triporation or the receiver of trustee empowers.	nis filing does not qualify for the ue and accurate and that my ered to execute the report as	e exemption stated in signature shall have the required by Chapter 6	Section ne same 807, Flori	119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; the da Statutes; and that my name appe	er certify that the nat I am an office ears in Block 11 o	information r or director or Block 12 if	

2001 UNIFORM BUSINESS REPORT (UBR)