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Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91364 020 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53590

1. Entity Name
BEEF O'BRADYS, INC.

Principal Place of Business	Mailing Address
505 E. JACKSON ST. SUITE 308 TAMPA, FL 33602	505 E. JACKSON ST. SUITE 308 TAMPA, FL 33602

2. Principal Place of Business	3. Mailing Address
5510 W LaSalle St.	
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.:
City & State: Tampa, FL	City & State:
Zip: 33607 Country: Hillsborough	Zip: Country:

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3003805 [ ] Applied For [ ] Not Applicable

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
MELLODY, JAMES 505 E. JACKSON ST. SUITE 308 TAMPA, FL 33602	Name: Jeanette Mellody Street Address (P.O. Box Number is Not Acceptable): 5510 W LaSalle Street Suite 200 City: Tampa FL Zip Code: 33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeanette Mellody DATE

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

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLODY, JAMES 505 E. JACKSON ST., STE 308 TAMPA, FL 33602 [X] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeanette Mellody 5510 W LaSalle St., Ste. 200 Tampa, FL 33607 [X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanette Mellody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #