2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L81077

1. Entity Name
WILT CHAMBERLAIN'S RESTAURANTS, INC.

Principal Place of Business	Mailing Address
% CHARLES J. AVERBOOK 7777 GLADES RD., SUITE 310 BOCA RATON, FL 33434-4195	% CHARLES J. AVERBOOK 7777 GLADES RD., SUITE 310 BOCA RATON, FL 33434-4195

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0205827

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, ROBERT J.
7777 GLADES RD.
SUITE 310
BOCA RATON, FL 33434

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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 _____
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
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDBERG, SEYMOUR
STREET ADDRESS	13470 WASHINGTON BLVD. #201
CITY-ST-ZIP	MARINA DEL REY, CA 90292
TITLE	T
NAME	LOPEZ, KATHRYN A
STREET ADDRESS	7777 GLADES RD., STE. 310
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DVCS
NAME	AVERBOOK, CHARLES J.
STREET ADDRESS	7777 GLADES RD, STE 310
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DP
NAME	SCHMIER, ROBERT J.
STREET ADDRESS	7777 GLADES RD, STE 310
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Robert J. Schmier, President 3/25/08 561-483-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #