949/757-7900

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

2001 UNIFORM BUSINESS REPORT (UBR)					ARPRUME			
DOCUMENT # L9600000099					FILED			
R.A.C. 10					01 APR 16 PH 3: 42			
					SECRETARY.	OF STATE		
	ce of Business YNE BOULEVARD - PENTHOUSE 61	Mailing Address 2701 ALTON PKWY CORP TAX DEPT. IRVINE CA 92606	N ALTON PKWY RP TAX DEPT.		IALAEAHASSEE	*	1	
2. Principal Place of Business 2701 Alton Parkway 3. Mailing Address							E 6	
Suite, Apt.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Irvine, CA City & State				4. FEI Number 65-0759145 Applied For Not Applicable				
Zip 92606-	Country USA	Zip	Country	5. Cert	ificate of Status Desired	S5.00 Add	litional	
	6. Name and Address of Curr	ent Registered Agent	7. Name and Address of New Registered Agent					
CT CORP	ORATION SYSTEM			Name Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324								
PLANIAII	ION FL 33324		City	. - .		FL Zip Code	e	
8. The above	e named entity submits this statemen	nt for the purpose of changing its r	egistered office of	or registered agent,	or both, in the State of Florida	1.		
0.00.47.105							!	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent signs	ature required when reinstat		DATE 189		
			W!!! FEE IS		-04/20/0	0101054		
	·	Make Check Pay	able to Depar	tment of State	*****5().00 *****	50.00	
9.		MBERS/MEMBERS	10.	MGRM	ADDITIONS/CH	ANGES XX Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete KOO KOO ROO, INC. 11075 SANTA MONICA BOULEVARD, SUITE 225 LOS ANGELES CA 90025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Koo Koo	00 Koo Roo, Inc. 701 Alton Parkway rvine, CA 92606-3149			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete TITL RESTAURANT ACQUISITION CORP.			Member Change Addition Koo Koo Roo Licensing Systems, Inc. 2701 Alton Parkway Tryine. CA 92606-5149				
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGRM HARRIS, MEL					☐ 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-ST-ZIP			☐ Change	Addition	
11. I hereby of indicated limited lie	certify that the information supplied on this report is true and accurate a bility company of the receiver or true	with this filing does not qualify for and that my signature shall have the stee empowered to execute this re-	the exemption sta	ated in Section 119. ect as if made unde	07(3)(i), Florida Statutes. I fur r oath; that I am a managing orida Statutes.	ther certify that the in member or manage	formation r of the	