HARRONT	
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L96000001217 DOCUMENT # 1. Entity Name 01 APR 16 PM 3: 42 R.A.C. 107J L.C. Principal Place of Business Mailing Address 10800 BISCAYNE BLVD. 2701 ALTON PKWY PENTHOUSE CORP TAX DEPT. IRVINE CA 92606 MIAMI FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2701 Alton Parkway City & State Irvine, CA City & State 4. FEI Number Applied For 65-0752685 Not Applicable zip 92606–5149. Country Country \$5.00 Additional Certificate of Status Desired **USA** Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. 400004035184--9 FILE NOW!!! FEE IS \$50.00 -04/20/01--01054--020 Make Check Payable to Department of State *****50.00 *****50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. ☐ Change ☐ Addition **MGRM** TITLE TITLE □ Delete KOO KOO ROO, INC. NAME NAME 2701 ALTON PKWY STREET ADDRESS STREET ADDRESS **IRVINE CA 92606** CITY-ST-ZIP CITY-ST-ZIP 1 (≧) Change X Addition **⊠**XDelete TITLE Member TITLE **MGRM** RESTAURANT ACQUISITION CORP. NAME NAME Koo Koo Roo Licensing Systems, Inc. STREET ADDRESS 10800 BISCAYNE BLVD. PENTHOUSE STREET ADDRESS 2701 Alton PARKWAY CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP Irvine CA 92606-5149: ☐ Change ☐ Addition MGRM x Delete TITLE TITLE NAME NAME HARRIS, MEL 10800 BISCAYNE BLVD. PENTHOUSE STREET ADDRESS STREET ADDRESS NORTH MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAMES NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2001 UNIFORM BUSINESS REPORT (UBR)

11. 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 is true and accurate and many signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employeered to execute this report as required by Chapter 608, Florida Statutes.

GYONG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert T: Trebing Jr.