

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008334

FILED
Jan 07, 2009
Secretary of State

Entity Name: HARD ROCK CAFE FOUNDATION, INC.

Current Principal Place of Business:

6100 OLD PARK LANE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6100 OLD PARK LANE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3686985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVPT () Delete
Name: GISPANSKI, THOMAS
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: CREIGHTON, KIM
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835

Title: SD () Delete
Name: WOLSZCZAK, JAY
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835

Title: AT () Delete
Name: KNIPFING, CHRIS
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835

Title: AS () Delete
Name: DONOVAN, RYAN
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: DODDS, HAMISH
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY WOLSZCZAK

SD

01/07/2009

Electronic Signature of Signing Officer or Director

Date