FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

1. Entity Name Ryan's Ross TAURANTS, INC.			05-14-2002 90348 022 ***150.00	
DO NOT WRITE		PACE		
2. Principal Place of Business / Z FRANCIS CAN WAY Suite, Apt. #, etc.	3. Mailing Address 12 FRANCISCAN WAY Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
ST AUGUSTINE, FL	ST. AUGUST.	INE, FL	4. FEI Number 59-37)2465	Applied For Not Applicable
32080 Country USA	32080	Country		3.75 Additional a Required
		Name 0	7. Name and Address of Current Registered A	
DO NOT WRITE RYA				
IN THIS SPACE			P.O. Box Number is Not Acceptable) PRANCIS CAN (No 4)	
		City	, , , , , , , , , , , , , , , , , , , ,	
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.				
of the drove named entry submits this statement for t	the purpose of changing its r	egistered office or registere	ed agent, or both, in the State of Florida.	į
SIGNATURE Supplied on primed name of registered agent and	tille if spolicable. (NOTE:	Registered Agent signature required v	4-25-0	2
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	The Clark Force is to be a local to the control of		10. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
11. OFFICERS AND DI		Contact Contact		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE PRESIDENT PRESIDENT TORK 12 - PAN CISCAN ST. AUGUSTINE	3001 WAY =C 32080	TITLE NAME STREET ADDRESS CITY ST 27P		CR2E034B (1201)
NAME STREET ADDRESS CITY- ST-ZIP		NAME: STREET ADDRESS CITY: ST: 78P		CRZE
NAME STREET ADDRESS CITY-ST-ZIP		INTLE NAME STREET ADDRESS CITY ST-ZIP	DO NOT WRITI	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY ST. ZIP	IN THIS SPACE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE SINAME NAME STREET AUDRESS CITY ST. ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	TITLE NAME STREET ADDRESS CITY ST ZIP.		
13. I hereby certify that the information supplied with this filling 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 11 or on an attachment with an address, with all other like empowered.				
SIGNATURE: ASSOCIATION AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER OR	Torbol:	4-25-02 (904)	460-1278