2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2010
Secretary of State

DOCUMENT# P01350

Entity Name: MOXIE'S, INC.

Current Principal Place of Business:

C/O BURGER KING CORPORATION
5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

C/O BURGER KING CORPORATION
5505 BLUE LAGOON DRIVE
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 72-0994099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: CEOD
Name: CHIDSEY, JOHN W
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: CFOD
Name: WELLS, BEN K
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: SD
Name: CHWAT, ANNE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: D
Name: SMITH, PETER C
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: T
Name: HAY, ANDREW
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: AS
Name: GILES-KLEIN, LISA
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA GILES-KLEIN AS 06/18/2010

Electronic Signature of Signing Officer or Director Date