

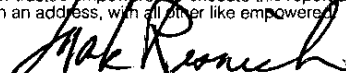


05-03-2004 90732 035 \*\*\*150.00

<b>DOCUMENT # P02000130351</b>						<b>Secretary of State</b> 05-03-2004 90732 035 ***150.00																									
1. Entity Name <b>FAME RESTAURANTS, INC.</b>																															
Principal Place of Business <b>415 ANASTASIA BLVD. ST, AUGUSTINE, FL 32084</b>		Mailing Address <b>415 ANASTASIA BLVD. ST, AUGUSTINE, FL 32084</b>																													
2. Principal Place of Business		3. Mailing Address																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State		City & State																													
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent <b>RESNICK, MARK R 415 ANASTASIA BLVD ST. AUGUSTINE, FL 32084</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																											
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. I am familiar with, and accept the obligations of registered agent.																															
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <small>Trust Fund Contribution.</small>																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																															
SIGNATURE: 				Date: <b>4/30/07</b> 90732 035 <b>4727</b>																											
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															