

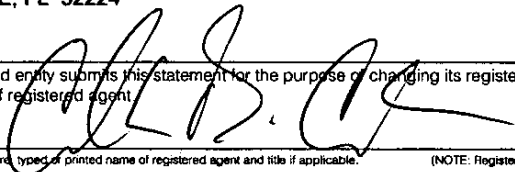
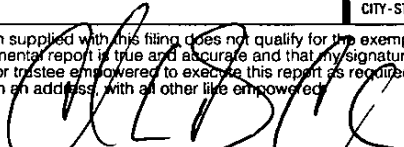


FILED
Apr 29, 2005 8:00 am
Secretary of State

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<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # P04000154487 1. Entity Name SOUTHERN CROSS RESTAURANTS, INC.</div><div style="text-align: center;"></div></div>				Secretary of State 04-29-2005 90185 022 ***150.00																																																																																																																																																																							
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Principal Place of Business 4745 SUTTON PARK COURT SUITE 202 JACKSONVILLE, FL 32224</div><div style="width: 40%;">Mailing Address P.O. BOX 8122 COLUMBUS, MS 39705</div></div>				 04142005 Chg-P CR2E034 (10/03)																																																																																																																																																																							
<div style="display: flex;"><div style="width: 30%;">2. Principal Place of Business</div><div style="width: 70%;">3. Mailing Address</div></div>		<div style="display: flex; justify-content: space-between;"><div>4. FEI Number</div><div>Applied For <input checked="" type="checkbox"/> Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>																																																																																																																																																																									
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<div style="display: flex;"><div style="width: 30%;">Zip</div><div style="width: 70%;">Country</div></div>		<div style="display: flex;"><div style="width: 30%;">Zip</div><div style="width: 70%;">Country</div></div>		<div style="display: flex; justify-content: space-between;"><div>6. Name and Address of Current Registered Agent</div><div>7. Name and Address of New Registered Agent</div></div> <div style="display: flex;"><div style="width: 50%; vertical-align: top;">CHRISTOPHER, COWART D 4745 SUTTON PARK COURT SUITE 202 JACKSONVILLE, FL 32224</div><div style="width: 50%; vertical-align: top;"><div style="border-bottom: 1px solid black; padding-bottom: 5px;">Name</div><div style="border-bottom: 1px solid black; padding-bottom: 5px;">Street Address (P.O. Box Number is Not Acceptable)</div><div style="border-bottom: 1px solid black; padding-bottom: 5px;">City</div><div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; padding-bottom: 5px;">FL</div><div style="border-bottom: 1px solid black; padding-bottom: 5px;">Zip Code</div></div></div></div>																																																																																																																																																																							
<div style="display: flex; justify-content: space-between;"><div>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.</div><div style="text-align: right;"> SIGNATURE</div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>Signature typed or printed name of registered agent and title if applicable.</div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE</div></div>																																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div></div>																																																																																																																																																																											
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;">10. OFFICERS AND DIRECTORS</div><div style="width: 4%;"></div><div style="width: 48%;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 10%;">TITLE</td><td style="width: 70%;">P</td><td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td><td style="width: 10%;"></td><td style="width: 10%;">TITLE</td><td style="width: 70%;"></td><td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>CHRISTOPHER, COWART D</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 8122</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>COLUMBUS, MS 39705</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>VP</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td></td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>MURPHY, GEORDY</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>4745 SUTTON PARK COURT, STE 202</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>JACKSONVILLE, FL 32224</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>TREA</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td></td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>MURPHY, NANCY M</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>4745 SUTTON PARK COURT, STE 202</td><td></td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>JACKSONVILLE, FL 32224</td><td></td><td></td><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>SEC</td><td style="text-align: right;"><input type="checkbox"/> Delete</td><td></td><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>BENEKE, JENNIFER L</td><td></td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. 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<div style="display: flex; justify-content: space-between;"><div>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 an other live empowered.</div><div style="text-align: right;"> SIGNATURE</div></div> <div style="display: flex; justify-content: space-between; font-size: small;"><div>Signature typed or printed name of signing officer or director</div><div>Date</div><div>Daytime Phone #</div></div>																																																																																																																																																																											