P10000012482

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SECRETARY OF STATE ALLAHASSEE: FLORIDA

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June 28, 2010

MICHAEL J. SERRONE P O BOX 691057 ORLANDO, FL 32869

SUBJECT: THE "WEINER'S CIRCLE", INC. Ref. Number: P10000012482

We have received your document for THE "WEINER'S CIRCLE", INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 310A00015763



COVER LETTER

SUBJECT:	The "Weiner's Circle" Inc.		
	Name of Corporation		
DOCUMENT NUMBER:_	P10000012482		
The enclosed Statement of C	Change of Registered Office/Agent and fee are submitted for filing.		
Please return all corresponde	ence concerning this matter to the following:		
	Michael J. Serrone		
Name of Contact Person			
	Firm/Company		
	P.O. Box 691057		
	Address		
	Orlando ,Florida, 32869 City/State and Zip Code		
	City/State and Zip Code		
	michael.j.serrone@disney.com		
E-mail a	michael.j.serrone@disney.com address: (to be used for future annual report notification)		
For further information cond	erning this matter, please call:		
	I. Serrone at (407) 879-51: Area Code & Daytime Telephone		
	tact Person Area Code & Daytime Telephone		

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2010

MICHAEL J. SERRONE P O BOX 691057 ORLANDO, FL 32869

SUBJECT: THE "WEINER'S CIRCLE", INC.

Ref. Number: P10000012482

We have received your document for THE "WEINER'S CIRCLE", INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 310A00016784



STATEMENT OF CHANGE OF REGISTERED JFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flor under the laws of the State agent, or both, in the State	e of Florida			
1. The name of the corporation: The "Weiner's Circle" Inc.							
2. The principal	office address:	47	49 WINDSOR AV	e			
Orlando ,F	lorida, 328 । 9						
3. The mailing ac	ddress (if different):						
4. Date of incorp	oration/qualification:	02/06/2010	Document number:	P0000012482			
	street address of the cur ment of State: (If resign		and registered office on fi	le with the			
	Janet Morgan						
	32748 Westwood L	-oop		·•			
	LEESBURG, FL, 3	4748					
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registere	AUG -6 A)			
	Michael J Serrone						
	4749 Windsor Ave		eptable	AMII: 01 OF STATE C. FLORID			
	Orlando, Florida, 3	2819	eptable				
The street addre	ss of its registered offic be identical.	e and the street add	ress of the business office	of its registered agent,			
/ 1			vits board of directors or t ed in writing of the change				
Signatur	Michael J. Serrone Printed or typed name and title						
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as region comply with the provided from the provid	stered agent and a sions of all statutes I accept the obliga t a change in the re g of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I). d complete performance stered agent. Or, if this hereby confirm that the			
- 1 du	ul Ylu	<u></u>	06/18/20	010			
If signing on bel	nature of Redistered Agent nalf of an entity:		Date				
	ichael J. Serrone						

* * * FILING FEE: \$35.00 * * *