2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P92000002948 HARD ROCK CAFE INTERNATIONAL (MIAMI), INC. 01-31-2001 90005 025 ***150.00 Principal Place of Business Mailing Address 6100 OLD PARK LN ATN: JAY WOLSZAC ORLANDO FL 32835 6100 OLD PARK LN ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2022408 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SECY + DIRECTOR TITLE ☐ Delete ☐ Change HORACE G. DAWSON, TH NAME BEAUDRAULT, PETER NAME STREET ADDRESS 6100 OLD PARK LANE 6100 OLD PARK LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 OR 44N00 ASST. TREAS. TITLE ☐ Delete Addition ☐ Change CHRIS KNIPFING NAME LITTLE, SCOTT NAME 6100 OLD PARK LANE STREET ADDRESS 6100 OLD PARK LN STREET ADDRESS ORLANDO, FL 32835 CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ASST. SECY. Delete TITLE ☐ Change Addition JAY WOLSZCZAK NAME WATSON, JOHN H NAME 6100 OLD PARK LANE STREET ADDRESS **FIVE CONCOURSE PKWY SUITE 2400** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30328 ORLANDO FL 32835 DVT ☐ Delete TITLE ☐ Change Addition LITLE, SCOTT NAME STREET ADDRESS 6100 OLD PARK LN STREET ADDRESS CITY-ST-7IP ORLANDO FL 32835 CITY-ST-ZIP TITLE Delete TITLE Change Addition DELANEY, THOMAS G NAME STREET ADDRESS **FIVE CONCOURSE PKWY SUITE 2400** STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-7IP AS ANSISTRATOR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCNEESE, JACK L NAME

13. Thereby 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 11 or Block 12 if changed, or on an attachment with a

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

FIVE CONCOURSE PKWY SUITE 2400

ATLANTA GA 30328

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR