FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

8669 COMMODITY CIR

ORLANDO FL 32819

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 1

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017836

1. Corporation Name

Principal Place of Business

8669 COMMODITY CIR ORLANDO FL 32819

PLANET HOLLYWOOD (PHOENIX), INC.

					03/09/1993		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
26		<u>├</u> ¬ "			59-3179636	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State	···········		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	•
Zip	Country	Zip	Country	1	8. This corporation owes the current year Int		
			0	Personal Property Tax.		No	
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered	Agent	
			81	Name			
Marshall, byrd f Jr.			82	Stroot Add	ress (P.O. Box Number is Not Acceptable)		
201 E. PINE ST.			02	Sileet Addi	ress (F.O. Box Humber is Not Acceptable)		
SUITE 1200			83				
ORLANDO FL 32801			<u> </u>	0		DE 7:0 (
			84	City	FL	85 Zip (,ode
agent. I a	familiar with, and accept the obligati	ions of, Section 607.0505, Florid	ia Statutes	•	on's board of directors. I hereby accept the appoint and when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	EARL, ROBERT I		1.2 NAME				
STREET ADDRESS	8669 COMMODITY CIR		1.3 STREE	TADDRESS			
C/TY-ST-Z/P	ORLANDO FL 32819		1.4 CITY-S	T-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	AVALLONE, THOMAS		2.2 NAME				
STREET ADDRESS	8669 COMMODITY CIR		2.3 STREE	TADORESS			
CITY-ST-ZIP	ORLANDO FL 32819		2. 4 CITY-5	ST-ZIP			
TITLE	VSD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	JOHNSON, SCOTT E.		3.2 NAME				
STREET ADORESS	8669 COMMODITY CIR		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819		3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	TADORESS			
C/TY-ST-Z/P			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-5	st-zie			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
			6.3 STREE	TADDRESS			

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90036 037 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)