FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10: 32

DOCUMENT # **P93000079881 (7)**

1. Corporation Name

PLANET HOLLYWOOD (SAN DIEGO), INC.

Principal Place of Business	Mailing Address
7380 SAND LAKE RD. SUITE 600 ORLANDO FL 32819 US	7380 SAND LAKE RD. SUITE 600 ORLANDO FL 32819 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1993
3a. Date of Last Report: 06/22/1994

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 59-3214476 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent

MARSHALL, BYRD F JR.
201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EARL, ROBERT I
STREET ADDRESS	7380 SAND LAKE RD., STE. 650
CITY ST ZIP	ORLANDO FL
TITLE	DC
NAME	BARISH, KEITH
STREET ADDRESS	924 BEL AIR RD.
CITY ST ZIP	LOS ANGELES CA
TITLE	TS
NAME	ROSENBERG, DAVID J
STREET ADDRESS	7380 SAND LAKE RD., STE. 650
CITY ST ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change [X] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY ST ZIP	32819	
2 1 TITLE		[X] Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS	140 W. 57th St., 13th Floor	
2 4 CITY ST ZIP	New York, NY 10019	
3 1 TITLE	T /CFO/EVP/AS	[X] Change ☐ Addition
3 2 NAME	Avallone, Thomas	
3 3 STREET ADDRESS	7380 Sand Lake Road, #650	
3 4 CITY ST ZIP	Orlando, FL 32819	
4 1 TITLE	S/VP	[X] Change ☐ Addition
4 2 NAME	Johnson, Scott E.	
4 3 STREET ADDRESS	7380 Sand Lake Road, #650	
4 4 CITY ST ZIP	Orlando, FL 32819	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Scott E. Johnson, Secretary 1/27/95 407-345-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062001 CP