

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000079889 (0)

1. Corporation Name

PLANET HOLLYWOOD (HONOLULU), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
7830 SAND LAKE RD.
SUITE 600
ORLANDO FL 32819

Mailing Address
7830 SAND LAKE RD.
SUITE 600
ORLANDO FL 32819

3. Date Incorporated or Qualified
11/18/1993

2. Principal Place of Business
21 8669 Commodity Circle
Suite, Apt. #, etc.
22
City & State Orlando, Florida
23
Zip 32819 Country USA
24

2a. Mailing Address
26 8669 Commodity Circle
Suite, Apt. #, etc.
27
City & State Orlando, Florida
28
Zip 32819 Country USA
29

4. FEI Number
59-3214491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent
MARSHALL, BYRD F JR.
201 E. PINE ST.
SUITE 1200
ORLANDO FL 32801

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------------|---------------------------------|--|---|------------------------|--|-----------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE | | 1.1 TITLE | D/P | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | EARL, ROBERT I | | | 1.2 NAME | EARL, ROBERT I. | | |
| STREET ADDRESS | 7830 SAND LAKE RD., SUITE 650 | | | 1.3 STREET ADDRESS | 8669 COMMODITY CIRCLE | | |
| CITY-ST-ZIP | ORLANDO FL | | | 1.4 CITY-ST-ZIP | ORLANDO, FLORIDA 32819 | | |
| TITLE | VTD | <input type="checkbox"/> DELETE | | 2.1 TITLE | D/V/T | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AVALLONE, THOMAS | | | 2.2 NAME | AVALLONE, THOMAS | | |
| STREET ADDRESS | 7380 SAND LK. RD., STE. 650 | | | 2.3 STREET ADDRESS | 8669 COMMODITY CIRCLE | | |
| CITY-ST-ZIP | ORLANDO FL | | | 2.4 CITY-ST-ZIP | ORLANDO, FLORIDA 32819 | | |
| TITLE | VSD | <input type="checkbox"/> DELETE | | 3.1 TITLE | D/SrV/S | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JOHNSON, SCOTT E. | | | 3.2 NAME | JOHNSON, SCOTT E. | | |
| STREET ADDRESS | 7380 SAND LAKE RD #650 | | | 3.3 STREET ADDRESS | 8669 COMMODITY CIRCLE | | |
| CITY-ST-ZIP | ORLANDO FL | | | 3.4 CITY-ST-ZIP | ORLANDO, FLORIDA 32819 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 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.

SIGNATURE _____ DATE 4/29/98

CR2E034 (10/97)