FILED

May 06, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris'

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000079889**1. Corporation Name

PLANET HOLLYWOOD (HONOLULU), INC.

Principal Place of Business Mailing Address							8161 88 511 88 161 181)	#1 (#(1 8 1#1(1##)
8669 COMMOD	ITY CIR	8669 COMMODITY CIR	8669 COMMODITY CIR						
ORLANDO FL 32819		ORLANDO FL 32819			DO MOTA 4/0/TE IN THIS COA 6/5				
US		US	US		DO NOT WRITE IN THIS SPACE				
						 Date Incorporated or Qualifed 11/18/1993 			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	Applied For
21		26				59-3214491		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75	Additional
22		27	27			5. Certificate of Status Desired		Fee F	Required
City & State	9	City & State			6. Election Campaign Financing		\$5.00	🕽 Мау Ве	
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	— · —			8. This corporation owes the cur			
24	25	29	30			Personal Property Tax.		☐ Yes	No
	9. Name and Address of Curre	nt Registered Agent		-		10. Name and Address of New	Registered A	<u>gent</u>	
1480	CHALL DVDD E ID			81	Name				
Marshall, byrd f Jr. 201 E. Pine St.				82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
				Ш					
SUITE 1200				83					Ì
ORLANDO FL 32801				84	City			85 Zip	Code
					,		<u>FL</u>		
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	s authoriz	ed by	the corpora	rporation submits this statement for the tion's board of directors. I hereby acce	pt the appoint	nanging it ment as r	egistered
SIGNATURE		AND THE RESERVE OF THE PARTY OF	STE. D	ad &a	1 sienstere 10 211	Ired when reinstating)	DATE		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13		r signatore requ	ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
TITLE	DP STREET	☐ DELETE		TITLE				☐ Change	
NAME	EARL, ROBERT I		1.2	NAME					
STREET ADDRESS	8669 COMMODITY CIR		1.3 STREET AL		ADDRESS				[
CITY-ST-ZIP ORLANDO FL 32819				CITY-ST					
TITLE	VTD DELETE		_	2.1 TITLE				Change	Addition
NAME			NAME					ļ	
STREET ADDRESS	ASSO COLUMNOTIV OID			2.3 STREET ADDRESS					
	ORLANDO FL 32819		2.4 G		i				
CITY-ST-ZIP TITLE			TITLE	1-21-			Change	Addition	
NAME	JOHNSON, SCOTT E.	_		NAME				_ •	
STREET ADDRESS	8669 COMMODITY CIR				ADDRESS]
	ORLANDO FL 32819			CITY-S					
CITY-ST-ZIP TITLE			TITLE	1.21			Change	Addition	
)			1	NAME	}			_ ,	
NAME					*******				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE		CITY-ST	r-ZIP			Change	Addition
TITLE				TITLE NAME	İ			On loaning of	
NAME					ADDRESS				ł
STREET ADDRESS									
CITY-ST-ZIP		Florer		CITY-ST	1-2IP			☐ Change	e 🗀 Addition
TITLE		☐ DELETE		NAME					Addition
NAME.			0.2	- O'UYIC	1				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURÉ:

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR