


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000073355
 1. Entity Name
 BROWN'S PIZZA, INC.



Principal Place of Business 9600 DELEGATES DRIVE ORLANDO, FL 32837 US	Mailing Address LEGAL DEPT: PAPA JOHN'S INTL, INC. PO BOX 99900 LOUISVILLE, KY 40269-0900 US
---	---

DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0536868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ONEY, JR W S
 9600 DELEGATES DRIVE
 ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ONEY, JR W S 9600 DELEGATES DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ONEY, ELIZABETH A 9600 DELEGATES DRIVE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000052002
 02/16/04-80074-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE: Wade S Oney Wade S Oney 2-11-04 407 888 3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #