

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90990 027 \*\*\*150.00

LUUJ0J43

DOCUMENT # **P95000039314**  
 1. Entity Name  
**CASTLE ROOM, INC**

Principal Place of Business Mailing Address  
**223 CLEMATIS ST** **222 CLEMATIS ST**  
**WEST PALM BEACH FL** **WPB FL 33401**  
**33401**

2. Principal Place of Business 3. Mailing Address **C/O SEI RESTAURANT GROUP**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**120 So. OLIVE AVE**  
**#501**

City & State City & State  
**WEST PALM BEACH** **WEST PALM BEACH**  
 Zip Country Zip Country  
**33401-5534** **PALM BEACH**

4. FEI Number **65-0580931** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GERARD VISCONTI JR**  
**222 CLEMATIS ST. # 201**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 Name **ANTHONY VISCONTI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**C/O SEI RESTAURANT GROUP**  
**120 So OLIVE AVE #501**  
 City **WEST PALM BEACH** FL Zip Code **33401-5534**

I, the undersigned, have named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

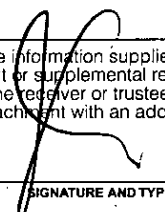
**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<b>Dale Brisson</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>222 CLEMATIS ST</b> <b>WPB FL 33401</b>
TITLE NAME	<b>VINCENT HOLLAND</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>222 CLEMATIS ST</b> <b>WPB FL 33401</b>
TITLE NAME	<b>P.D. GERARD VISCONTI JR</b> <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>222 CLEMATIS ST</b> <b>WPB FL 33401</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<b>C/O SEI RESTAURANT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>SEI Restaurant Group, Inc.</b> <b>120 So. Olive Ave., Suite 501</b> <b>West Palm Beach, Florida 33401</b>
TITLE NAME	<b>SEI Restaurant Group, Inc.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>120 So. Olive Ave., Suite 501</b> <b>West Palm Beach, Florida 33401</b>
TITLE NAME	<b>President ANTHONY VISCONTI</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>C/O</b>
TITLE NAME	<b>SEI Restaurant Group, Inc.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>120 So. Olive Ave., Suite 501</b> <b>West Palm Beach, Florida 33401</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

13. 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 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 11 or Block 12 if applicable on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (11/00)