


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90019 041 ***150.00

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # P95000074840 | | | |  | |
| 1. Entity Name DAVE & BUSTER'S OF FLORIDA, INC. | | | | | |
| Principal Place of Business 3000 OAKWOOD BLVD. HOLLYWOOD, FL 33020 US | | | Mailing Address C/O LEGAL DEPT. 2481 MANANA DRIVE DALLAS, TX 75220 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 58-2223494 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CAPITOL CORPORATE SERVICES, INC. 1333 NORTH DUVAL ST. TALLAHASSEE, FL 32303 | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD | NAME CORRIVEAU, DAVID O | <input checked="" type="checkbox"/> Delete | TITLE P/D | NAME CORRIVEAU, DAVID O | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 15 MILFORD PLACE | CITY-ST-ZIP DALLAS, TX 75230 | | STREET ADDRESS 2481 MANANA DR | CITY-ST-ZIP DALLAS, TX 75220 | |
| TITLE VPST | NAME HAMMETT, WILLIAM C JR | <input checked="" type="checkbox"/> Delete | TITLE V/S | NAME TOBIN, JAY L. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 5725 MARTIN ROAD #4268 | CITY-ST-ZIP PLANO, TX 75024 | | STREET ADDRESS 2481 MANANA DR | CITY-ST-ZIP DALLAS, TX 75220 | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE VIT | NAME KING, STEPHEN M. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS 2481 MANANA DR | CITY-ST-ZIP DALLAS, TX 75220 | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE C | NAME CORLEY, JAMES W. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS 2481 MANANA DR | CITY-ST-ZIP DALLAS, TX 75220 | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY-ST-ZIP | | STREET ADDRESS | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered. | | | | | |
| SIGNATURE: _____ | | | 7/10/06 24-357-9588 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |