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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000086879

1. Corporation Name

HARD ROCK CAFE INTERNATIONAL (K.W.), INC.

Principal Place of Business Mailing Address						(881188) 158 30101 Othir 00113 0011	il Mailt Matut imita mitat tatt:	18610 1011 1001
5401 KIRKMAN ROAD 5 CONCOURSE PKWY								
SUITE 200 2400								
ORLANDO FL 32819 ATLANTA GA 30328					DO NOT WRITE IN THIS SPACE			
US					.	Incorporated or Qualifed		ŀ
						3/1995		
Principal Place of Business Za. Mailing Address					4. FEI N			oplied For
21 6 100 Old Park Lane 26					58-2	<u> 229125 </u>		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifo	cate of Status Desired	¥	Additional equired
22								
City & State City & State City & State City & State						on Campaign Financing Fund Contribution	1 1	May Be to Fees
Zip Country Zip Co			Country	,	8. This o	corporation owes the curre		
243283	35 25	29	30			nal Property Tax.	☐ Yes	X No
	9. Name and Address of Current	Registered Agent			10. Name	and Address of New R	egistered Agent	
			81	Name	,			
C T CORPORATION SYSTEM				Street	Address (P.O. Bo	x Number is Not Accepta	ble)	
1200 SOUTH PINE ISLAND ROAD			82	Caroce				
PLANTATION FL 33324			83					
			84	City			FL 85 Zip	Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDIT	IONS/CHANGES TO OFF	FICERS AND DIRECTO	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		1		K Change	☐ Addition
NAME	BERK, JAMES G		1.2 NAME			all Dark	Lane	
STREET ADDRESS	5401 KIRKMAN RD 200		1.3 STREE	T ADDRESS	6100 0	Jia Pari	D = 0.00	_
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	T-71P	Orlas	old Park ndo, FL	32835	ļ
TITLE	VP	DELETE	2.1 TITLE		1/P		☐ Change	Addition .
NAME	DAWSON, HORACE		2.2 NAME		CAN	al LL: 1		Į.
	5401 KIRKMAN RD, SUITE 200			T ADDRESS	900+	DALK	Lane	
STREET ADDRESS			2.4 CITY-		0109		32835	
CITY-ST-ZIP	ORLANDO FL 32819	· □ DELETE	3.1 TITLE		Uria	MOOST L	Change	Addition
TITLE			3.2 NAME				_ •	_
NAME	WATSON, JOHN H			T. + 0.D. 0.E. 0.0	•			}
STREET ADDRESS	5 CONCOURSE PKWY, 2400			T ADDRESS				}
C/TY-\$T-ZIP	ATLANTA GA	□ DELETE	3.4. CITY-1	ST-ZIP			Change	Addition
TITLE	\$	☐ DELETE	4.1 TITLE				Griango	
NAME	JONES, LESLIE O		4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				}
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-S	T-ZIP				- Addition
TITLE	T	☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME	DELANEY, THOMAS G		52 NAME					1
STREET ADDRESS	5 CONCOURSE PLWY, 2400			T ADDRESS				1
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-S	T-ZIP				
TITLE	AS	☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	MCNEESE, JACK L		6.2 NAME					{

ATLANTA GA 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 tree 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 extractment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 5 CONCOURSE PLWY, 2400

770-392-9029