

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000086879

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: HARD ROCK CAFE INTERNATIONAL (K.W.), INC.

## Current Principal Place of Business:

6100 OLD PARK LANE  
ORLANDO, FL 32835

## New Principal Place of Business:

## Current Mailing Address:

ATTN: JAY WOLSZCZAK  
6100 OLD PARK LANE  
ORLANDO, FL 32835 US

## New Mailing Address:

FEI Number: 58-2229125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: WOLSZCZAK, JAY  
Address: 6100 OLD PARK LANE  
City-St-Zip: ORLANDO, FL 32835

Title: DVPT ( ) Delete  
Name: GISPANSKI, THOMAS  
Address: 6100 OLD PARK LANE  
City-St-Zip: ORLANDO, FL 32835

Title: AS ( ) Delete  
Name: DONOVAN, RYAN  
Address: 6100 OLD PARK LANE  
City-St-Zip: ORLANDO, FL 32835

Title: PD ( ) Delete  
Name: DODDS, HAMISH  
Address: 6100 OLD PARK LANE  
City-St-Zip: ORLANDO, FL 32835

Title: AT ( ) Delete  
Name: KNIPFING, CHRIS  
Address: 6100 OLD PARK LANE  
City-St-Zip: ORLANDO, FL 32835

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY WOLSZCZAK

SD

01/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date