

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092539

FILED  
Jan 27, 2006  
Secretary of State

Entity Name: HARD ROCK BREWING INC.

## Current Principal Place of Business:

6100 OLD PARK LN  
ORLANDO, FL 32835

## New Principal Place of Business:

## Current Mailing Address:

ATTN: JAY WOLSCZAK  
6100 OLD PARK LANE  
ORLANDO, FL 32835

## New Mailing Address:

FEI Number: 52-1523818

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: AS ( ) Delete  
Name: KNIPFING, CHRIS  
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: SD ( ) Delete  
Name: WOLSCZAK, JAY  
Address: 6100 OLD PARK LANE  
City-St-Zip: ORLANDO, FL 32835

Title: DVPT ( ) Delete  
Name: SALTER, MICHAEL  
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

## 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 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 A. WOLSCZAK

SECY

01/27/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date