2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P97000108799 1. Entity Name VISTAR RESTAURANTS, INC. 05-02-2001 90106 017 ***150.00 Principal Place of Business Mailing Address 5401 KIRKMAN ROAD 5401 KIRKMAN ROAD SUITE 725 SUITE 725 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address MAJOR Blud 5728 MAJOR *57* 28 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Suile. Applied For City & State City & State 4. FEI Number 59-3484720 FL Not Applicable Orlando Country \$8.75 Additional Country 5. Certificate of Status Desired uS Fee Required 32819 2819 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KHATIB, RASHID A Street Address (P.O. Box Number is Not Acceptable) 5401 KIRKMAN ROAD SUITE 725 5728 MAJOR BLVD., STE. 601 ORLANDO FL 32819 F ORLANDO FL 32819 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME KHATIB, RASHID A NAME 5728 MAJOR BLVD., STE. 601 STREET ADDRESS STREET ADDRESS 5401 KIRKMAN ROAD, SUITE 725 CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition Delete TITLE TITLE HODGE, RANDALL R NAME NAME 5401 KIRKMAN ROAD SUITE 725 STREET ADDRESS STREET ADDRESS 5728 MAJOR BLVD., STE. 601 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ORLANDO FL 32819 Delete TITLE TITLE Khouri ZAhi W 5728 MATOR BIVA., Ste 601 NAME NAME STREET ADDRESS STREET ADDRESS Orlando FL 32819 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empower Rashid A Khatib

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR