2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

∡ IGNATURE

P99000004756

1. Entity Name

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/	, GOO	WE THE	

May 05, 2003 8:00 am § Secretary of State

THEATER	RESTAURANT HOLDINGS	, INC.			03-03-2003 90333 0	43 130.00		
Principal Place of Business 201 CLEMATIS STREET WEST PALM BEACH FL 33408		Mailing Address 2345 OKEECHOBEE BLVD WEST PALM BEACH FL 33409						
							111	
2. Principal F	Place of Business	3. Mailing Address 515 N. FLAGLER ORIUE			\	<u> </u>	HII.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 808			CHECK HERE IF MAKING CHANGES			
City & Stat	ė	City & State WEST PALM	BEACH, F		4. FEI Number 65-0903060	Applied Fo		
Zip	Country	33401	Country US: A	ļ	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	d Agent		
	-		Name					
FHS COR	PORATE SERVICES, INC.		Street A	Street Address (P.O. Box Number is Not Acceptable)				
11780 U.S. HWY. ONE, SUITE 300			0.10017	Street Advises (F.C. Downlander is the property of the street and				
NORTH PA	ALM BEACH FL 33408				- 1			
			City			Zip Code		
					<u> </u>	- C 4 400;		
The above the obligat	named entity submits this statement for ions of registered agent.	t the ourpose of changing its	registered office o	r registered	d agent, or both, in the State of Florida. I ar	n familiar with, and acco	ept	
					· · · · · · · · · · · · · · · · · · ·	J-+ *		
AIGNATURE :	Signature, typed or printed name of rugistifies	and title if applicable. (NOT	E: Registered Agent signa	ture required w	then reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May E Added to Fees		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	_	
TITLE	PD	☐ Delete	TITLE	190	00 05 0- C	🗹 Change 🔲 Add	Jition	
NAME STORET ADDRESS	CUILLO, ROBERT S		NAME	COICLE	O, ROBERT S. I. FLAGLER DRIVE STE 80'	δ.		
STREET ADDRESS CITY-ST-ZIP	2345 OKEECHOBEE BLVD WEST PALM BEACH FL 33409		STREET ADDRESS CITY-ST-ZIP		PALM BLACH, FL 33401			
TITLE	T	□ Delete	TITLE	T	THOSE BORRIFE BOTO	☐ Change ☐ Add	lition	
NAME	HOTARY, MICHAEL	_ Delete	NAME		RY, MICHAEL			
STREET ADDRESS	2345 OKEECHOBEE BLVD		STREET ADDRESS	65 N	RY, MICHAEL LELAGLER DRI <i>U</i> E STE80	8(
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	WIZZY	PALM BLACH, FL 33401			
TITLE		□ Colete	TITLE	T		☐ Change ☐ Add	lition	

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE	PD	☐ Delete	TITLE	90	Change	☐ Addition
NAME	CUILLO, ROBERT S		NAME	CUILLO, ROBERT S. 515 M. FLAGLER DRIVE STE 808		
STREET ADDRESS	2345 OKEECHOBEE BLVD		STREET ADDRESS	515 N. FLAGLER DRIVE STE 808		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-\$T-ZIP	WEST PALM BLACH, FL 33401	,	
TITLE	T	☐ Delete	TITLE	T	Change	☐ Addition
NAME	HOTARY, MICHAEL		NAME	HOTARY, MICHAEL		
STREET ADDRESS	2345 OKEECHOBEE BLVD		STREET ADDRESS	SK N. FLAGLER DRIVE STEBUE	ś	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	WISST PALM BLACH, FL 33401		
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STREET ADDRESS			STREET ADDRESS			
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CITY-ST-ZIP			CITY-ST-ZIP			
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Street address			STREET ADDRESS		•	
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TITLE		☐ Delete	TITLE		☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		ſ	CITY~ST-ZIP			{
						

12. 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 empowereab 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 into the rike empowered.

SIGNATURE:

REQUIDATION ALL HOT ARY