

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S87707 (3)

1. Corporation Name  
PLANET HOLLYWOOD (COSTA MESA), INC.



Principal Place of Business 7380 SAND LAKE ROAD SUITE 600 ORLANDO FL 32819	Mailing Address 7380 SAND LAKE ROAD SUITE 600 ORLANDO FL 32819
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8669 Commodity Circle Suite, Apt #, etc. 22 City & State Orlando, Florida 23 Zip 32819 Country USA		2a. Mailing Address 26 8669 Commodity Circle Suite, Apt #, etc. 27 City & State Orlando, Florida 28 Zip 32819 Country USA		3. Date Incorporated or Qualified 10/16/1991	
				4. FEI Number 59-3097746	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARSHALL, BYRD F., JR. 201 EAST PINE STREET, SUITE 1200 ORLANDO FL 32801				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				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 DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EARL, ROBERT			1.2 NAME	EARL, ROBERT I.		
STREET ADDRESS	7380 SAND LAKE ROAD SUITE 650			1.3 STREET ADDRESS	8669 COMMODITY CIRCLE		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	D/V/T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AVALLONE, THOMAS			2.2 NAME	AVALLONE, THOMAS		
STREET ADDRESS	7380 SAND LAKE ROAD SUITE 650			2.3 STREET ADDRESS	8669 COMMODITY CIRCLE		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819		
TITLE	VSD	<input type="checkbox"/> DELETE		3.1 TITLE	D/SFV/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, SCOTT E.			3.2 NAME	JOHNSON, SCOTT E.		
STREET ADDRESS	7380 SAND LAKE RD #650			3.3 STREET ADDRESS	8669 COMMODITY CIRCLE		
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32819		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 the 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 attachment with an address

SIGNATURE \_\_\_\_\_ THOMAS AVALLONE 11/29/98 (407) 345-5300

CR2E034 (10/97)