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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90036 027 ***150.00

DO	CUI	13N	ΝT	#	Sa	770	7
					-		F.

1. Corporation Name

PLANET HOLLYWOOD (COSTA MESA), INC.

Principal Place of Business Mailing Address						1 (861,618 181 181) (881) 1881 8011 1881 9101	A BUBUN DIBIH BUBH	Ulati Bibli IOBi
8669 COMMODITY CIR		8669 COMMODITY CIR						
ORLANDO FL 32819		ORLANDO FL 32819						
US		US	US		-	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 10/16/1991		
2 Principal P	are of Rusiness	2a. Mailing Address				4. FEI Number		pplied For
2. Principal Place of Business		26	<u> </u>			59-3097746		ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.						Additional
22	.,	27				5. Certifcate of Status Desired		equired
City & State .		City & State			6. Election Campaign Financing	\$5.00	May Be	
23	_	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year I		
24	25		0			Personal Property Tax.	☐ Yes	No
_,	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registere	d Agent	
MAD	SHALL, BYRD F., JR.		81	Name				
	EAST PINE STREET, SUITE 120	Λ	82	Street	Address	s (P.O. Box Number is Not Acceptable)		
	ANDO FL 32801		83					
One	THE SECON		63	}				
			84	City		F	85 Zip	Code
44 Purcuant	to the provisions of Sections 607 050	22 and 607 1508 Florida Statutes	the abov	e-named	Lcorpora	ation submits this statement for the ourpose	of changing its	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpo	oration's	s board of directors. I hereby accept the app	ointment as re	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607,0505, FIOR	a Statutes					
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE: R	legistered Age	nt signature r	required wh	nen reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	EARL, ROBERT		1.2 NAME	!				
STREET ADDRESS	8669 COMMIODITY CIR		1.3 STREE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-S	T-ZIP				
TITLE	VTD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	AVALLONE, THOMAS		2.2 NAME					
STREET ADDRESS	8669 COMMODITY CIR		2.3 STREE	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819		2. 4 CITY-	ST-ZIP				<u> </u>
TITLE	VSD	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	JOHNSON, SCOTT E.		3.2 NAME					
STREET ADDRESS	8669 COMMODITY CIR			T ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32819	□ pc: ETE	3.4. CITY-	ST-ZIP			— Change	☐ Addition
TITLÉ		☐ DELETE	4.1 TITLE				☐ Change	
NAME			4. 2 NAME					
STREET ADDRESS				TADORESS	1			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	T-ZIP	-		Change	Addition
TITLE		□ DECETE	5.1 TITLE 5.2 NAME		į		الم مارس	
NAME				TADDRESS				
STREET ADORESS			15.4 CITY-S		1			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		-		Change	Addition
i			6.2 NAME					
NAME CTOSET ADDRESS			1	T ADDRESS				
STREET ADDRESS			0.4077/.0					

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 one of attack must with an address, with all other like empowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

407345-5300

CR2E034 (11/98)