


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 853217
1. Entity Name
IHOP ENTERPRISES, INC.



Principal Place of Business 450 N BRAND BLVD. 7TH FLOOR GLENDALE, CA 91203	Mailing Address 450 N BRAND BLVD. 7TH FLOOR GLENDALE, CA 91203
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DO NOT WRITE IN THIS SPACE

04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2812361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, JULIA A 450 N BRAND BLVD., 7TH FLOOR GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CONFORTI, THOMAS G 450 N BRAND BLVD., 7TH FLOOR GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WEISBERGER, MARK D 450 N BRAND BLVD., 7TH FLOOR GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOTOMAYOR, JESS E 450 N BRAND BLVD., 7TH FLOOR GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BERG-WILION, ELAYNE 450 N BRAND BLVD., 7TH FLOOR GLENDALE, CA 91203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT AGORRILLA, BULAKLAK T 450 N BRAND BLVD., 7TH FLOOR GLENDALE, CA 91203

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04/30/05-80033-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elayne Berg-Wilion* **4/21/05** **818-240-6055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #