

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000073481

FILED
Mar 10, 2002 8:00 AM
Secretary of State

Entity Name: IT'S A PARTY INC.

Current Principal Place of Business:

340 MALLARD ROAD
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

340 MALLARD ROAD
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1135785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JAMIE
340 MALLARD ROAD
WESTON, FL 33327

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: COHEN, JAMIE B MRS
Address: 340 MALLARD ROAD
City-St-Zip: WESTON, FL 33327 US

Title: VP () Change (X) Addition
Name: GIORDANO, DOMINIQUE M MISS
Address: 1551 NW 108TH AVE APT. 133
City-St-Zip: PLANTATION, FL 33322 US

Title: TREA () Change (X) Addition
Name: LANSMAN, STACEY MRS
Address: 10937 W. BROWARD BLVD
City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE COHEN

PRES

03/10/2002

Electronic Signature of Signing Officer or Director

_____ Date