2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90028 038 ***150.00

DOCUMENT # P97000034325

1. Entity Name

1-800-PARTYSHOP, INC.

Principal Place of Business	Mailing Address
13300 US HWY 98 SEBRING FL 33870	13300 US HWY 98 SEBRING FL 33870-9616 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3447921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACBETH, J ROSS 2543 US 27 SOUTH SEBRING FL 33870	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. *Election Campaign Financing Trust Fund Contribution.* ☐ **$5.00** *May Be* Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEO~~ ~~LENGUEL, JOHN~~ ~~13300 US 98~~ ~~SEBRING FL 33870~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVID LOGSDON 9811 ROSEWOOD DR OVERLAND PK, KS 66207 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO REED, ROBIN A 3755 RODEO DR S SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COO BILL WELLS 5533 EMERALD RIDGE BLVD LAKELAND, FL 33813 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ~~FITCH, JAMES E~~ ~~13800 US HWY 98~~ ~~SEBRING FL 33870~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAO WILLIAM T. CROSS 3718 CREEKSIDE DR SEBRING, FL 33872 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C SMITH, LEONARD C. III 2701 CHEYENEE ROAD SEBRING FL 33872	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FREDERICK KEIBER, MD 3601 S. HIGHLANDS AVE SEBRING, FL 33870 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S/T WOHL, JERI B. 1800 STATE ROAD 17 SOUTH AVON PARK FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEVIN LEE, MD 2737 CHEYENNE RD SEBRING, FL 33872 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/CEO WOHL, JIMMY 1800 SR 17 S AVON PARK FL 33875	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALTER S FARR P.O. BOX 995 WAUCHULA, FL 33873 — ☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3-8-00 — 863 655-3454 x 311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #