2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 14, 2000 8:00 am DOCUMENT # 192639 1. Entity Name **Secretary of State** PARTY TIME, DIVISION OF ACADEMY CHAIR RENTING CO 01-14-2000 90002 032 ***150.00 Principal Place of Business Mailing Address 7711 W 22 AVENUE 7711 W 22 AVENUE HIALEAH FL 33016-2518 HIALEAH FL 33016-5518 2. Principal Place of Busines 3. Mailing Address 76 2741 W.76 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-0791423 HAVEAH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIEGEL, JULIAN A. Street Address (P.O. Box Number is Not Acceptable) 7711 W. 22ND AVENUE HIALEAH FL 33016 W. 76 ST 335765608 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete NAME SIEGEL, JAY NAME 2741 W.76.ST, STREET ADDRESS 7711 W 22 AVE STREET ADDRESS HIALEAH FL 33016-5608 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL Addition ☐ Delete TITLE ☐ Change TITLE SIEGEL, JULIAN A. NAME NAME 1 W.76 ST. 7711 W 22 AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH FL ☐ Change ☐ Addition TITLE TITLE FRALEY, PHYLLIS NAME NAME STREET ADDRESS STREET ADDRESS 7711 W 22 AVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 dispowered 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

NATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SAY/TREAS

1-6-00 305558-979

Daytime Phone #