2000 UNIFORM BUSINESS REPORT (UBR)

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609-645-5715

DOCUMENT # 826870 1. Entity Name SPENCER GIFTS, INC.					FILED OO NOV 16 AM 11: 19		
Principal Place of Business Mailing Address			•	SEC TALL	SECRETARY OF STATE TALLAHASSEE. FLORIDA		#
6826 BLACK H SUITE 128 EGG HARBOR US	forse pike Twsp nj 08234		SB26 BALCK HORSE PIKE. #128 EGG HARBOR TWP NJ 08234				
2. Principal P	lace of Business	3. Mailing Address			-		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numb	^{per} 22-1935091	Applied For Not Applicable	
Zip	Country	Zip	Country	. , ,	e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	7. Name an	d Address of New Registered	1 Agent	- 1
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				ss (P.O. Box Number is Not Acceptable)			
	NTATION FL 33324		,				
			City		F	Zip Code	
8. The above	named entity submits this statement for	he purpose of changing its re	egistered office or regis	stered agent, or bo	oth, in the State of Florida.	,	- 12 m
SIGNATURE _	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE		
Tax filing requirement and elects to do so. After SEPTEMBER 1			FEE IS \$550.00 , 2000 Min. will be \$ e to Department of \$	750.00 _{Tr}	lection Campaign Financing rust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS	CHANGES TO OFFICERS AN	ID DIRECTORS IN 11	\$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carey, gene 6826 Black Horse Pike Egg Harbor Twsp NJ	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8	300003 49 3 -12/11/00	-0 <i>1</i> 032012	CR2E034 (5/00)
TITLE			- On 1 - O1 - Zii		***1500.00	130700	⊼∞≣
NAME STREET ADDRESS : CITY-ST-ZIP	VS MANGEL, RONALD 6826 BLACK HORSE PIKE FGG HARROR TWSP N.I	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MTGNI	***1500.0	Change Addition	C82
STREET ADDRESS	MANGEL, RONALD 6826 BLACK HORSE PIKE EGG HARBOR TWSP NJ C HACALA, JOHN 6826 BLACK HORSE PIKE	☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS	ATGUE	ことはつもが残りを さんぬか しゅしょ はっこう		
STREET ADDRESS : CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANGEL, RONALD 6826 BLACK HORSE PIKE EGG HARBOR TWSP NJ C HACALA, JOHN 6826 BLACK HORSE PIKE EGG HARBOR TWSP NJ D RANDALL, KAREN 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	À Tœuis	ことはつもが残りを さんぬか しゅしょ はっこう	Change Addition	
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2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 826870 1. Entity Name SPENCER GIFTS, INC. Mailing Address Principal Place of Business 6826 BLACK HORSE PIKE ATTN: HOWARD PRESNALL 6826 BALCK HORSE PIKE. #128 SHITE 128 EGG HARBOR TWP NJ 08234 EGG HARBOR TWSP NJ 08234 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-1935091 Not Applicable Country Zip 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both DORPORATION Signature, typed or printed name of registered agent and title if applicable red Agent signature required FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 OFFICERS AND DIRECTORS 11. Addition Change ☐ Delete TITLE TITLE CAREY, GENE NAME STREET ADDRESS STREET ADDRESS 6826 BLACK HORSE PIKE CUY-ST-ZIP CITY-ST-7IP EGG HARBOR TWSP NJ Addition ☐ Change Defete TITLE MANGEL, RONALD NAME NAME STREET ADDRESS 6826 BLACK HORSE PIKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EGG HARBOR TWSP NJ Addition Change * TITLE" Delétě TITLE HACALA, JOHN NAME STREET ADDRESS STREET ADDRESS 6826 BLACK HORSE PIKE CITY-ST-ZIP CITY-ST-ZIP EGG HARBOR TWSP NJ Addition ☐ Delete TITLE Change NAME NAME RANDALL, KAREN STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY PLAZA CITY-ST-ZIP CITY-ST-ZIP **UNIVERSAL CITY CA 91608** VAS Oelete □ Change ☐ Addition THILE NAME MANIF GARCIA, SHARON S. STREET ADDRESS STREET ADDRESS 100 UNIVERSAL CITY CITY-ST-ZIP CITY-ST-ZIP UNIVERSITY CA Change Addition ☐ Delete TITLE TITLE RUNTAGH, HELENE NAME MAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

100 UNIVERSAL CITY

UNIVERSAL CITY CA

STREET ADDRESS

CITY-ST-ZIP

IGINTUM TO THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/23/00

609-645-57/5 Daytime Phone 9 interest