| 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9400005224 . Entity Name PARTY LAND OF PENNSYLVANIA, INC. Principal Place of Business Mailing Address  |  |  |                               |   |                       | FILED<br>Mar 16, 2000 8:00 am<br>Secretary of State<br>03-16-2000 90004 023 ***150.00   |   |             |  |                              |
|---|--|--|-------------------------------|---|-----------------------|---|---|-------------|--|------------------------------|
|   |  |  |                               |   |                       |   | 03-16-2000 \$                               | 90004 02    | .3 ****150   | ).00                         |
| 215 militia hii<br>Plymonth mee   |  | 5215 MILITIA HILL RD.<br>PLYMONTH MEETING PA 19462-1216  |                               |   |                       |   |   |             |  |                              |
| 2. Principal P  | Place of Business  | 3. Mailing Address   |                               |   |                       | DO NOT WRITE IN THIS SPACE  |   |             |  |                              |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.  |                               |   |                       |   |   |             |  |                              |
| City & State  |  | City & State   |                               |   |                       | . FEI Number  | 23-2452529                                  |             |  | plied For<br>It Applicable   |
| Zip Country   |  | Zip Coun   |                               | itry . 5                                  |                       | i. Certificate o  |   |             | 8.75 Additional<br>Be Required   |                              |
|   | 6. Name and Address of Current Re  | gistered Agent   |                               |   | 7                     | . Name and A  | Address of New Reg                          |             | <u> </u>   |                              |
|   |  |  |                               | Name                                      |                       |   |   |             |  |                              |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br>1201 HAYS ST.<br>SUITE 105  |  |  |                               | Street Ac                                 | ddress (P.C           | s (P.O. Box Number is Not Acceptable)   |   |             |  |                              |
| TALLAHASSEE FL 32301  |  |  |                               | City                                      |                       |   |   | FL Zip Code |  |                              |
| 8. The above  | named entity submits this statement for the  | ne purpose of changing its r   | egistere                      | ed office or                              | registered            | agent, or both  | , in the State of Florid                    | da.         | 1  |                              |
| ~   |  |  |                               |   |                       |   |   |             |  |                              |
| SIGNATURE .   | Signature, typed or printed name of registered agent and   | title if applicable (NOTE-   | Registere                     | d Agent signatu                           | re required wh        | en 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!!!         After MAY 1, 2000       Make Check Payable |  |  | 0 Fee                         | will be \$5                               | 50 <b>.00</b>         |   | tion Campaign Finar<br>t Fund Contribution. | ncing       |  | <b>0</b> May Be<br>I to Fees |
| 11.   | OFFICERS AND DI  | RECTORS  | 12.                           |   |                       | ADDITIONS/C   | CHANGES TO OFFIC                            |             |  |                              |
| TITLE<br>NAME<br>STREET ADDRESS   | PD<br>Feller, Brian<br>5215 Militia Hill RD.   | Delete   |                               | e<br>et address                           | Dire<br>Regin<br>G.S. | nald Wil<br>Capital   | kes<br>, L.P., 43<br>9087                   |             | □ Change<br>n Park<br>Su   | Addition                     |
| CITY-ST-ZIP   | PLYMOUTH MEETING PA 19462  | Delete   | TITLE                         | -ST-ZIP<br>-                              | Dire                  |   | 9007  |             | Change   | Addition                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Potter, todd<br>5215 Militia Hill RD.  | C Delete   | NAM<br>STRE                   |   | Richa<br>G.S.         | ard J. G<br>Capital<br>2, PA 1  | essner, Jr<br>, L.P., 435<br>9087           |             |  | Prive,                       |
| TITLE   | PLYMOUTH MEETING PA 19462  | Delete   | TITLE                         |   | Dire                  |   |   |             | Change   | k Addition                   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | GROSS, KENNETH S<br>5215 MILITIA HILL RD.<br>PLYMOUTH MEETING PA 19462   |  |                               | E<br>ET ADDRESS<br>- ST-ZIP               | G.S.                  | eth Swee<br>Capital<br>e, PA l  | . L.P., 435                                 | 5 Devo      | n Park<br>Suite  | 261                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | Delete   |                               |   |                       | ·   |   |             | Change   | Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS   |  | Delete   | -                             | e<br>et address                           |                       | <u> </u>  |   |             | Change   | Addition                     |
| CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | Delete   | TITLE<br>NAM<br>STRE          |   |                       |   |   | i           | Change   | Addition                     |
| 13. I hereby a indicated  | certify that the information supplied with th<br>on this report or supplemental report is the<br>rooration or the receiver or trustee empty<br>or on an attachment with an address with<br>FURE: | nis filling, does not qualify for<br>ue and accurate and there<br>pred to execute that report a<br>h all other life empowered.<br>REE SECTOR TO<br>THE AMME OF SIGNING OFFICER O | the exe<br>y signa<br>s requi | mption stat<br>ure shall ha<br>red by Cha | SECR                  | on 119.07(3)(i)<br>ne legal effect<br>lorida Statutes<br>BL r(SE AT<br>DT APJ<br>TRABUR |   | জি বি       | that the in<br>an officer<br>Block 11 or<br>610<br>941 - 6<br>time Phone # |                              |