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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 PM 10:53

DOCUMENT # F97000001159

1. Corporation Name
THE BIG PARTY CORPORATION

Principal Place of Business	Mailing Address
1457 VFW PARKWAY WEST ROXBURY MA 02132	1457 VFW PARKWAY WEST ROXBURY MA 02132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/06/1997

4. FEI Number
04-3277936
[ ] Applied For
[ ] Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

500002823045--1
-03/30/99--01029--004
****150.00 ****150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1.1 TITLE	CEO	[ ] Change [X] Addition
NAME	ROBERT J SIMONE		1.2 NAME	Kent Plummerfelt	
STREET ADDRESS	1457 VFW PARKWAY		1.3 STREET ADDRESS	1457 VFW Parkway	
CITY-ST-ZIP	WEST ROXBURY MA 02132		1.4 CITY-ST-ZIP	West Roxbury, MA 02132	
TITLE	D	DELETE	2.1 TITLE	President	[ ] Change [X] Addition
NAME	SAL PERISANO		2.2 NAME	Robert Trabucco	
STREET ADDRESS	1457 VFW PARKWAY		2.3 STREET ADDRESS	1457 VFW Parkway	
CITY-ST-ZIP	WEST ROXBURY MA 02132		2.4 CITY-ST-ZIP	West Roxbury, MA 02132	
TITLE	D	DELETE	3.1 TITLE	Board of Directors	[ ] Change [X] Addition
NAME	DORICE DIONNE		3.2 NAME	Robert Knox	
STREET ADDRESS	1457 VFW PARKWAY		3.3 STREET ADDRESS	717 Fifth Avenue Suite 1100	
CITY-ST-ZIP	WEST ROXBURY MA 02132		3.4 CITY-ST-ZIP	New York, N.Y. 10022	
TITLE	D	DELETE	4.1 TITLE	Board of Directors	[ ] Change [X] Addition
NAME	WILLIAM J LAPOINT		4.2 NAME	George Denny	
STREET ADDRESS	500 BOYLSTON ST., STE 1880		4.3 STREET ADDRESS	500 Boylston Street	
CITY-ST-ZIP	BOSTON MA 02116		4.4 CITY-ST-ZIP	Boston, MA 02116	
TITLE	D	DELETE	5.1 TITLE	Board of Directors	[ ] Change [X] Addition
NAME	JOHN HALPERN		5.2 NAME	William Dimmo	
STREET ADDRESS	500 BOYLSTON ST., STE 1880		5.3 STREET ADDRESS	500 Boylston Street	
CITY-ST-ZIP	BOSTON MA 02116		5.4 CITY-ST-ZIP	Boston, MA 02116	
TITLE	D	DELETE	6.1 TITLE	Board of Directors	[ ] Change [X] Addition
NAME	ROBERT GETZ		6.2 NAME	Jack Chosey	
STREET ADDRESS	77 FIFTH AVE., STE 1100		6.3 STREET ADDRESS	60 Glacier Drive	
CITY-ST-ZIP	NEW YORK NY 10022		6.4 CITY-ST-ZIP	Westwood, MA 02090	

DB 3-26-99

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/11/99 617 3230822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #