DOCUMENT # J00261

FIESTA PARTIES, INC.

1. Entity Name

## FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90013 047 \*\*\*150.00

Principal Place of Business 3150 OLD PORT CIRCLE W. JACKSONVILLE FL 32216 US			Mailing Address 3150 OLD PORT CIRCLE W. JACKSONVILLE FL 32216 US			549803			
	_								
2. Principal Place of Business			3. Mailing Address						
Suite, Apt	. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SF	PACE	
City & State		City & State		<b>4.</b> F8	59-2643567			oplied For	
Zip		Country	Zip 	Country	<b>5</b> . Ce	ertificate of Status Desired	\$ F	8.75 Add	litional d
	6. Name	and Address of Current F	legistered Agent		7. Na	me and Address of New Re	gistered Aç	ent	
SHORT, FREDERICK R., JR. 3733 UNIVERSITY BLVD. WEST STE 203 JACKSONVILLE FL 32216			Name Street Addre		ss (P.O. Box Number is Not Acceptable)				
0,101	NOOTHILL I			City			FL	Zip Cod	e
SIGNATURE  Signature, typed or printed name of registered agent at   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, 2001 Fee will be \$550 Make Check Payable to Department o		uired when reins	stating)	DATE			
Tax filing	requirement ar	nd elects to do so.	After MAY 1, 20	01 Fee will be \$550.0		10. Election Campaign Fina Trust Fund Contribution.			<b>0</b> May Be I to Fees
Tax filing (See crite	requirement ar	nd elects to do so.	After MAY 1, 20 Make Check Payab	01 Fee will be \$550.0	State			Àdded	to Fees
Tax filing (See criter  11.  TITLE NAME STREET ADDRESS	DPS SIKES, THO	OFFICERS AND COMAS R	After MAY 1, 20 Make Check Payab	01 Fee will be \$550.0 le to Department of S	State	Trust Fund Contribution.	CERS AND D	Àdded	to Fees
Tax filing (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	requirement ar ria on back)  DPS SIKES, THO	OFFICERS AND COMAS R	After MAY 1, 20 Make Check Payab	01 Fee will be \$550.0 le to Department of S  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	State	Trust Fund Contribution.	CERS AND C	Added	I to Fees
Tax filing (See criter  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	DPS SIKES, THO	OFFICERS AND COMAS R	After MAY 1, 20 Make Check Payab DIRECTORS  Delete	01 Fee will be \$550.0 le to Department of S  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	State	Trust Fund Contribution.	CERS AND C	Added	I to Fees S IN 11 Addition
Tax filing (See criter  11.  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  STREET ADDRESS  CITY-ST-ZIP  ITTLE  VAME  STREET ADDRESS	DPS SIKES, THO	OFFICERS AND COMAS R	After MAY 1, 20 Make Check Payab  Delete  Delete	01 Fee will be \$550.0 le to Department of S  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	ADD	Trust Fund Contribution.	CERS AND C	Addec	to Fees SIN 11 Addition Addition
Tax filing (See criter  11.  ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITITLE  VAME  VAME  VAME  VAME  VAME  VAME  VAME  VAME  VAME	DPS SIKES, THO	OFFICERS AND COMAS R	After MAY 1, 20 Make Check Payab  Delete  Delete	01 Fee will be \$550.0 le to Department of S  12.  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS	ADD	Trust Fund Contribution.	CERS AND C	Addec DIRECTORS Change Change Change	d to Fees S IN 11 Addition Addition Addition

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 (900)448-1233