

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N99000002240

Entity Name: PARTY CITY FRANCHISEE COMMITTEE, INC.

Current Principal Place of Business:

128 DOCKSIDE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

128 DOCKSIDE CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-0911429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, MICHAEL
128 DOCKSIDE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUBENSTEIN, STANLEY DR.
Address: 956 MONTCLAIR ROAD SUITE 114
City-St-Zip: BIRMINGHAM, AL 35213

Title: D () Delete
Name: HELLER, MICHAEL
Address: 125 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GRAHAM, TOMMY
Address: 10690 E. FANFOL LANE
City-St-Zip: SCOTTSDALE, AZ 85258

Title: P () Delete
Name: NABLE, JEFF
Address: 166 KINGS HWY N
City-St-Zip: WESTPORT, CT 06880

Title: T () Delete
Name: SACHS, ALVIN
Address: 3121 ENCLAVE CT
City-St-Zip: BALTIMORE, MD 21208

Title: D () Delete
Name: TOBIN, MARK
Address: 142 ROONP SWAMP RD
City-St-Zip: HUNTINGTON, NY 11743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN SACHS

T

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date