## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000002240

FILED Apr 29, 2008 Secretary of State

Entity Name: PARTY CITY FRANCHISEE COMMITTEE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	KSIDE CIRCLE I, FL 33327				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	KSIDE CIRCLE I, FL 33327				
FEI Number	r: 65-0911429	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
128 DOC	MICHAEL KSIDE CIRCLE I, FL 33327	US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	RUBENSTEIN,	R ROAD SUITE 114	Title: Name: Address: City-St-Zip:	() Change () Addition	
	Direction (Or 17 day), 7				
Name: Address:		CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	D () HELLER, MICH 125 DOCKSIDE WESTON, FL 3	AEL ECIRCLE 33327 Delete MY OL LANE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D () HELLER, MICH, 125 DOCKSIDE WESTON, FL 3  D () GRAHAM, TOM 10690 E. FANF, SCOTTSDALE,	AEL E CIRCLE 33327  Delete MY OL LANE AZ 85258  Delete	Name: Address: City-St-Zip: Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: City-St-Zip:	D () HELLER, MICH. 125 DOCKSIDE WESTON, FL 3  D () GRAHAM, TOMI 10690 E. FANFI SCOTTSDALE, P () NABLE, JEFF 166 KINGS HW WESTPORT, C	AEL E CIRCLE 83327  Delete MY OL LANE AZ 85258  Delete Y N T 06880  Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition	

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