

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002240

FILED  
Apr 20, 2010  
Secretary of State

**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  
Name: RUBENSTEIN, STANLEY DR.  
Address: 956 MONTCLAIR ROAD SUITE 114  
City-St-Zip: BIRMINGHAM, AL 35213

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALVIN SACHS

T

04/20/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date