2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111094

1. Entity Name

Party Delight Entertainment, Inc.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91156 023 ***163.95

U0058672

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1204 W. Waters Avenue Tampa, Florida 33604	1204 W. Waters Avenue Tampa, Florida 33604

2. Principal Place of Business		3. Mailing Address	
1204 W. Waters Avenue		1204 W. Waters Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, Florida		City & State: Tampa, Florida	
Zip: 33604	Country: U.S.A.	Zip: 33604	Country: U.S.A.

4. FEI Number 91-2102420 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Lisa Doring 1204 W. Waters Avenue Tampa, Florida 33604	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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: X [signature] 25, April 2001

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

After MAY 1, 2001 Fee will be $[illegible]
Check Payable to Department of [illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lisa Doring 5117 Springwood Dr. Tampa, Florida 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 25, April 2001 813.933.9611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #