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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

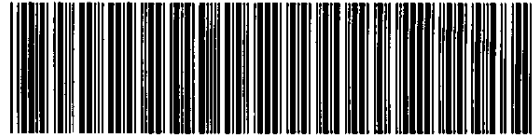
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10 SEP 28 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts SEP 29 2010

# B.J. ALAN COMPANY

Distributors of Phantom® and Wolf Pack® Brand Fireworks

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**Corporate Office:**

555 Martin Luther King, Jr. Blvd.

Youngstown, Ohio 44502-1102

Anthony Donofrio, Deputy General Counsel

Phone: 330-746-1064

Fax: 330-746-4410

Web Site: [www.fireworks.com](http://www.fireworks.com)

E-Mail: [Adonofrio@fireworks.com](mailto:Adonofrio@fireworks.com)

September 20, 2010

AMENDMENT SECTION

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Dear Amendment Section:

Enclosed herewith please find "A Statement Of Change Of Registered Office Or Registered Agent Or Both For Corporations" for the following corporation:

Phantom of Fort Myers, Inc.

Attached to the statement for the above-noted corporation is a check payable to Florida Department of State in the amount of THIRTY FIVE DOLLARS (\$35.00) for the filing fees.

If there is anything else that you may need in connection with this filing, please do not hesitate to contact me at your convenience.

Thanking you, I am

Very truly yours,



ANTHONY DONOFRIO  
Deputy General Counsel

AD:ke  
encl.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Phantom of Fort Myers, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P01000054748

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William A. Weimer, Vice President and General Counsel  
Name of Contact Person

Phantom of Fort Myers, Inc.  
Firm/Company

555 Martin Luther King, Jr., Blvd.  
Address

Youngstown, Ohio 44502-1102  
City/State and Zip Code

Waweimer@fireworks.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William A. Weimer at ( 330 ) 746-1064  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Phantom of Fort Myers, Inc.
2. The principal office address: 16243 Tamiami Trail, Fort Myers, Florida 33908
3. The mailing address (if different): 555 Martin Luther King, Jr., Blvd.,  
Youngstown, Ohio 44502-1102
4. Date of incorporation/qualification: 5/25/2001 Document number: P01000054748
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nancy G. Farage (Resigned)  
Tampa Theater Building  
707 North Franklin Street, 4th Floor  
Tampa, Florida 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ira Schwartz  
2822 Forest Hill Blvd.  
P.O. Box NOT acceptable  
West Palm Beach, Florida 33406

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

William A. Weimer, Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

September 8 2010  
Date

If signing on behalf of an entity:

Ira Schwartz  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/03)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA