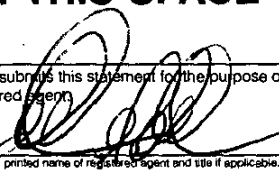
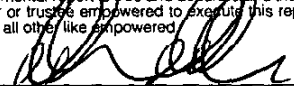


FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 003 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000003608		
1. Entity Name Party Antics, Inc.		
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 3650 Coral Ridge Drive Suite, Apt. #, etc. Suite #102 City & State Coral Springs, Florida Zip 33065 Country USA		3. Mailing Address 3650 Coral Ridge Drive Suite, Apt. #, etc. Suite #102 City & State Coral Springs, Florida Zip 33065 Country USA
		4. FEI Number 20-0492679 ☒ Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name Glenn Goldklank Street Address (P.O. Box Number is Not Acceptable) 3650 Coral Ridge Drive, Suite #102 City Coral Springs FL Zip Code 33065
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 12/24/03 (NOTE: Registered Agent signature required when reinstating)		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Glenn Goldklank, P/T 3650 Coral Ridge Drive, #102 Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jeffrey Goldklank, V/S 3650 Coral Ridge Drive, #102 Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. 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 10 or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/24/03 Daytime Phone # 954-753-7500

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 5, 2004

PARTY ANTICS, INC.
3650 CORAL RIDGE DRIVE
SUITE 102
CORAL SPRINGS, FL 33065

We have received your document for and check(s) totaling \$158.75. However, your check(s) and document are being returned for the following:

Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Ruby Dunlap
Document Specialist

Letter Number: 004A00000330