FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000007612 (3)

1. Corporation Name
~~PARTY MAVEN, INC.~~ Party Mavens, Inc.

Principal Place of Business	Mailing Address
2424 W. OAKLAND PARK BLVD. SUITE 100 FT. LAUDERDALE FL 33311	2424 W. OAKLAND PARK BLVD. SUITE 100 FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0393488	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

~~SILVERMAN, LLOYD B~~
~~2424 W OAKLAND PARK BLVD.~~
~~SUITE 100~~
~~FT. LAUDERDALE FL 33311~~

10. Name and Address of New Registered Agent

81 Name: B. Alan Dubraw, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 2840 University Drive
83
84 City: Coral Springs FL 65 Zip Code: 33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: B Alan Dubraw DATE: 4/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: LUGGERY, BETH STREET ADDRESS: 2424 W OAKLAND PARK BLVD. SUITE 200 CITY-ST-ZIP: FT. LAUDERDALE FL 33311	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: ROSEN, MARA STREET ADDRESS: 2424 W OAKLAND PARK BLVD. SUITE 200 CITY-ST-ZIP: FT. LAUDERDALE FL 33311	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition 800001518278 -06/20/95--01116--017 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mara Rosen - Mara Rosen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/26/95 Daytime Phone #: 305-485-4000

CP