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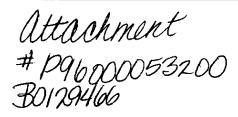
2002 UNIFORM BUSINESS REPORT (UBR)

Jul 15, 2002 8:00 am Secretary of State DOCUMENT # P96000053200 1. Entity Name 07-15-2002 90196 035 ***150.00 THE PERFECT PARTY PLACE, INC. Principal Place of Business Mailing Address DATCA 1918 13063 SW 112TH STREET 13063 SW 112TH STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 65-0681631 -- - -Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARD H. DAVIS, JR., P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD **MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) §9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State -11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPT** TITLE ☐ Delete TITLE Change Addition NAME DAVIS, KATERI M NAME STREET ADDRESS 8390 SW 160TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAVIS JR, EDWARD H NAME 777 BRICKELL AVE. STE #000 - 200 S. BISCAULI STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

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:





"All the fun without the hassle."

July 8, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Madam or Sir:

On May 1, 2002 I mailed my Uniform Business Report with check #4177 in the amount of \$150.00 to your offices. On July 5, 2002 I received another copy of the UBR to fill out stating that the fee is now \$550. I telephoned your offices today and informed one of your employees of the situation. I had also told her that the check had not been cashed which leads me to believe that your office had never received it. She had suggested that I fill out this new form and enclose another check in the amount of \$150.00. I will also stop payment on the previous check.

Thank you for your assistance and I apologize for any inconvenience. Please feel free to contact me at 305-387-7477 if you have any questions.

Sincerely,

Kateri M. Davis

President