

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90042 041 \*\*\*150.00

<div>DOCUMENT # P96000091901</div> <div>1. Entity Name</div> <div>PARTY RENTAL U.S.A., INC.</div>				<div>Feb 01, 2000 8:00 am</div> <div>Secretary of State</div> <div>02-01-2000 90042 041 ***150.00</div>																																																																																																																																													
<div>Principal Place of Business</div> <div>4611 U.S. 27 SOUTH</div> <div>SEBRING FL 33870</div>				<div>Mailing Address</div> <div>4611 U.S. 27 SOUTH</div> <div>SEBRING FL 33870</div>																																																																																																																																													
<div>2. Principal Place of Business</div> <div>Suite, Apt. #, etc.</div> <div>City &amp; State</div> <div>Zip</div> <div>Country</div>		<div>3. Mailing Address</div> <div>Suite, Apt. #, etc.</div> <div>City &amp; State</div> <div>Zip</div> <div>Country</div>		<div>4. FEI Number</div> <div>65-0707917</div> <div>Applied For</div> <div>Not Applicable</div>																																																																																																																																													
<div>6. Name and Address of Current Registered Agent</div> <div>MACBETH, J R ESQ.</div> <div>2543 U.S. 27 SOUTH</div> <div>SEBRING FL 33870</div>		<div>7. Name and Address of New Registered Agent</div> <div>Name</div> <div>Street Address (P.O. Box Number is Not Acceptable)</div> <div>City</div> <div>FL</div> <div>Zip Code</div>																																																																																																																																															
<div>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.</div>																																																																																																																																																	
<div>SIGNATURE</div> <div>Signature, typed or printed name of registered agent and title if applicable.</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div>																																																																																																																																																	
<div>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</div> <div>(See criteria on back)</div> <div></div>		<div>FILE NOW!!! FEE IS \$150.00</div> <div>After MAY 1, 2000 Fee will be \$550.00</div> <div>Make Check Payable to Department of State</div>		<div>10. Election Campaign Financing Trust Fund Contribution.</div> <div></div> <div>\$5.00 May Be Added to Fees</div>																																																																																																																																													
<div>11. OFFICERS AND DIRECTORS</div> <table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>DAVIS, LARRY W JR</td><td></td></tr><tr><td>STREET ADDRESS</td><td>P.O. BOX 971 N/A</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SEBRING FL 33871</td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>			TITLE	P	<input type="checkbox"/> Delete	NAME	DAVIS, LARRY W JR		STREET ADDRESS	P.O. BOX 971 N/A		CITY-ST-ZIP	SEBRING FL 33871		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<div>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div> <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td><td></td></tr></table>			TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				CITY-ST-ZIP			
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<div>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.</div>																																																																																																																																																	
<div>SIGNATURE</div> <div></div> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div> <div>1/29/00</div> <div>863 314 8653</div> <div>Date</div> <div>Daytime Phone #</div>																																																																																																																																																	