


FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90012 049 ***150.00

AMOUNT DUE ON OR BEFORE 08/19/99: \$150.00 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$150.00

PROFIT CORPORATION ANNUAL REPORT 1999  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000016907
 1. Corporation Name
LIFE OF THE PARTY PRODUCTIONS INC

Principal Place of Business
 10669 N.E. 10TH PLACE
 MIAMI SHORES FL 33138

Mailing Address
 P.O. BOX 611058
 NORTH MIAMI BEACH FL 33261-1058

2. Principal Place of Business
 21 1778 SARDIS BLVD
 Suite, Apt. #, etc.
 22
 City & State
 23 N. Miami, FL.
 Zip
 24 33181
 Country
 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30

3. Date Incorporated or Qualified
 02/19/1998

4. FEI Number
 05-0874545

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
 GANES, ANDREA
 10669 N.E. 10TH PLACE
 MIAMI SHORES FL 33138

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
President	Andrea Ganes	10669 N.E. 10TH PLACE	MIAMI SHORES FL 33138	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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:  8/17/99 305-8959-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

PRODUCTIONS

1778 Sans Souci Boulevard
North Miami, Florida 33181

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Aug. 17th, 1999

To Whom It May Concern,

Please be advised that much to our dismay we received a notice labeled 2nd for the 1999 Annual Corporations Report just yesterday, Monday Aug. 16th, 1999. Since this is still a New company and our first we phoned in with our concern. We will not let this year pass by without being up on our Corporate responsibilities.

Thank You for your understanding.

Sincerely,

Andrea L. Ganes

948.0000+6407

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