2001 UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE DOCUMENT # P98000016907 1. Entity Name TALLAHASSEE, FLORIDA LIFE OF THE PARTY PRODUCTIONS INC OI SEP 27 AM In: 42 Principal Place of Business Mailing Address 1778 SANSSOUCI BLVD P.O. BOX 611058 N MIAMI FL 33181 NORTH MIAMI BEACH FL 33261-1058 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DONOT PRIENTHE PACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0874545 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GANES, ANDREA 10669 N.E. 10TH PLACE MIAMI SHORES FL 33138 Miami 8. The above named entity submits this statement for the purpose of changing its registered office or or both, in the State of Florida Signature, typed or printed name of registered agent and title if app FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees  $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE Change . Addition Andrea Ganes 1778 Sans Sovai BLVD. GANES, ANDREA NAME NAME 10669 NE 10TH PL STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 33138 CITY-ST-ZIP CITY-ST-ZIP N-Miami FI 33181 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 100004627611---10/08/01--01085-<u>-</u>020 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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: