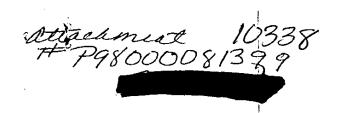
2001 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2001 8:00 am Secretary of State DOCUMENT # P98000081399 07-10-2001 90566 023 ***150 00 1. Entity Name PARTY BUS, INC. Mailing Address Principal Place of Business 1625 S MYRTLE AVE 1625 S MYRTLE AVE CLEARWATER FL 33756 **CLEARWATER FL 33756** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3534805 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLIDAY-MARK-Street Address (P.O. Box Number is Not Acceptable) 1625 SOUTH MYRTLE AVE **CLEARWATER FL 33756** Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered egent and tide if applicable. (NOTE: Registered Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Delete TITLE PRES. TITLE GAMPBELL, DENNIS W NAME MARK HULIDAY NAME STREET ADDRESS 13800 US HWY 19 N IGAS S. MYDICE ANE STREET ADDRESS 33250 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 37764 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P Change ☐ Addition IME Delate TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Defete TITLE Change HILF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 tapped 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 engangement. SIGNATURE:

FILED

Daytime Phone 4



To who it may concern:

Please acknowledge our payment for our corporation Party Bus Inc. after the past due notice. The reason for this is because the form was sent to the wrong address and never forwarded to our new address on South Myrtle. We have new owners and a new address which corrections have been made on the form.

Thank you for understanding

Party Bus Inc. 1625 South Myrtle Ave. Clearwater FL, 33756