2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003
Secretary of State

DOCUMENT# P99000057133

Entity Name: PARTY CITY OF COUNTRYSIDE, INC.

Current Principal Place of Business:

2210 BAYOU DRIVE
HOLIDAY, FL 34691

New Principal Place of Business:

26252 US HWY 19 NORTH
CLEARWATER, FL 33761

Current Mailing Address:

2210 BAYOU DRIVE
HOLIDAY, FL 34691

New Mailing Address:

26252 US HWY 19 NORTH
CLEARWATER, FL 33761

FEI Number: 59-3583908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HARRINGTON, WILLIAM J
2210 BAYOU DRIVE
HOLIDAY, FL 34691

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HARRINGTON, WILLIAM J
Address: 2210 BAYOU DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: DST ( ) Delete
Name: HARRINGTON, SALLY A
Address: 2210 BAYOU DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VPD ( ) Delete
Name: KENNETH, MARTIN R
Address: 4927 W SAN RAFAEL
City-St-Zip: TAMPA, FL 336295434

Title: VPD ( ) Delete
Name: MARTIN, ROSEMARY H
Address: 4927 W SAN RAFAEL
City-St-Zip: TAMPA, FL 336295434

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: HARRINGTON, ROSE M
Address: 2212 BAYOU DRIVE
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY A. HARRINGTON DST 04/24/2003

Electronic Signature of Signing Officer or Director — Date