2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 21, 2000 8:00 am Secretary of State **DOCUMENT # \$31978** 1. Entity Name GRIFFIN PARTY PONIES, INC. 07-21-2000 90160 019 ***150.00 Principal Place of Business Mailing Address GALYNNA K. GRIFFIN GALYNNA K. GRIFFIN ROUTE 24 80X 961 ROUTE 24. BOX 961 AUUbuzzz BALDWIN FL 32234 BALOWIN EL 32234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3057178 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIFFIN, GALYMNA K. Street Address (P.O. Box Number is Not Acceptable) ROUTE 24 BOX 961 BALDWIN FL 32234 City Zip Code 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 agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GRIFFIN. MICHAEL F NAME NAME RTE 24 BOX 961 5903 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Addition: NAME GRIFFIN, GALYNNA K NAME STREET ADDRESS RTE 24, BOX 961 STREET ADDRESS CITY-ST-ZIP BALDWINTEL CITY-ST-ZIP Change _ TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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 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.

Daytime Phone #

Griffin's Party
Ponies, Inc.

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Tent Rentals

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904-289-9331
Fax 904-289-9330

From: [Jaly Ma, 18 Det 17]

For Pox Doc. # 5319778

Company: Dept. of State

Fox No: 299-930 Telephone No.: 194-299-933]

Comments: Do Whom it may Concern:

(Newy One's walling address in this

Was was changed about 8-mo's, ago.