2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State
03-22-2002 90015 037 ***150.00

DOCUMENT # P00000040128

1. Entity Name
MAJIC COMMUNICATIONS CORP.

Principal Place of Business	Mailing Address
17009 W DIXIE HWY N MIAMI BEACH FL 33160	17009 W DIXIE HWY N MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1125 NE 125 Street	1125 NE 125 Street
Suite, Apt. #, etc. 206	Suite, Apt. #, etc. 206
City & State N. Miami, FL	City & State N. Miami, FL
Zip 33161 Country US	Zip 33161 Country US

4. FEI Number 65-1002579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

~~6. Name and Address of Current Registered Agent~~

COHEN, LAWRENCE J
1055 WEST LAKE ST.
HOLLYWOOD FL 33019

~~7. Name and Address of New Registered Agent~~

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD COHEN, LAWRENCE J 17009 WEST DIXIE HWY NORTH MIAMI BEACH FL 33160 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Cohen, Lawrence J. 1125 NE 125 Street #206 N. Miami, FL 33161 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: [signature] Lawrence J. Cohen 3/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #