## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000099393  1. Entity Name THE MAGIC OF ROBER ENTERTAINMENT, INC.  Principal Place of Business Mailing Address 9738 SUNNY ISLE CIR 9738 SUNNY ISLE CIR		6	Sec	retary of State	
·····	O NOT WRITE  6. Name and Address of Current Re		CE	01052005 No Chg-P  4. FEI Number 65-1050008  5. Certificate of Status Desired	CR2E034 (10/03)  Applied For Not Applicable  \$8.75   Additional Fee Required
<b>343 ALME</b>	& UTRERA, P.A. RIA AVENUE ABLES, FL 33134	<del>-</del> -	DO NOT WRITE IN THIS SPACE		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, speed or printed name of registered agent and trie of applicable.  (NOTE. Registered Agent agenture required when reinstating)  OATE  9. Election Campaign Financing  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADORESS CITY-ST-ZIP	PSTD - SEGAL, ROBERT M 9738 SUNNY ISLE CIRCLE BOCA RATON, FL 33428	LECTORS		000000 01/10/05-	11
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIC Reet address		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
TITLE NAME STREET AOORESS CITY-ST-ZIP		<del></del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the conchanged,	perify that the information supplied with thi on this report or supplemental report is fru poration or the receiver or المعادة empowe or on an attachment مثلان an address	stiling does not qualify for the exer e and accounte and that my signal red to execute this report as required the relike empowered	mption stated in Secture shall have the s red by Chapter 607	ction 119.07(3)(i), Florida Statutes. I I same legal effect as if made under or , Florida Statutes; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if