## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F

P94000052101 (0)

MAGICNET, INC.

Principal Place of Business

Maling Address

FILED Apr 26 1996 8:00 am Secretary of State



10149 UNIVE ORLANDO FL			10149 UNIVERISTY BLVD. ORLANDO FL 32817								
						3. Date incorporated or Quali 07/14/1994	fied 3a	Date of L <b>09/</b> 2	ast R 29/19		
2. Principal Plac	ce of Business	2a. Mailing Add	ress			4. FEI Number				Applied For	
21		26				59-3257729				Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desire	d 🗀	\$8.75 Additional Fee Required			
City & State		City & State	City & State			<ol><li>Election Campaign Financial Trust Fund Contribution</li></ol>	ng 🗀	S5.00 May Be Added to Fees			
Zip	Country	Zp	Country			8. This corporation has liability for intangible tax under s 199.032,					
24 25 29			30				Yes 🔲				
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of N	ew Hegis	terea Age	nt ———		
				0'							
126 EAS	s, richard s St Jefferson St.					ess (P.O. Box Number is Not Acc	eptable)				
ORLAND	OO FL 32801			83							
				84	City			FL	i	p Code	
11. Pursuant to or registered familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Floric , and accept the obligations of, Secti	and 607.1508, Florida. Such change was ion 607.0505, Florida	da Statutes, the abo authorized by the Statutes.	corp	named corport oration's boar	ation submits this statement for the directors. I hereby accept the	ne purpose e appointrr	of changir ent as regi	ng its i stered	egistered office Lagent, Lam	
SIGNATURE	ignature, types or printed name of registeres agent	and tilly if applicance	MOTE: Registerer	1 Aron	nt signature required	1 where reinstating)		DATE			
12.	OFFICERS AN		13,	1 (160)	it agriculture response.	ADDITIONS/CHANGES TO			RECTO	ORS IN 12	
10 LE	DP	DE		TITLE					hange		
NAME	GIARRUSSO, PETE		1.2 N	AME							
STREET ADDRESS	10149 UNIVERSITY BLVD.		1.3 S	TREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32817			1.4 CITY - ST - ZIP							
THILE	DST	DE DE						□ C	hange	☐ Addition	
NAME	RHODES, SPENCER	•	2.21								
STREET ADDRESS	10149 UNIVERSITY BLVD.		2.3 \$	2.3 STREET ADDRESS							
CITY-ST-ZIP	ORLANDO FL 32817		2.4 0	OTY-S	ST-ZIP						
TITLE		□ DE	LETE 3.1°	TITLE			:		hange	Addition	
NAME			32 N	IAME							
STREET ADDRESS			33.1	STREE	1 ADDRESS						
CITY-ST-ZIP					ST - ZIP					T Address	
TITLE		DE	LETE 4.1°	TITLE				Πı	hange	☐ Addition	
NAME			4.2 N	IAME							
STREET ADDRESS			4.3 \$	TREE	ADDRESS						
CITY-ST-ZIP					ST-ZIP			<u> </u>		- Ladding	
THILE		☐ DE		TITLE				П	hange	☐ Addition	
NAME				MAME							
STREET ADDRESS					ADDRESS						
CITY - ST - ZIP					ST-ZIP				hacar	D Addison	
TILE		D DE	E .	TITLE					hange	☐ Addition	
NAME			621	NAME	1						
STREET ADDRESS				STREE	T ADDRESS						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this emula report of supplemental annual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or other attachment with an address.

SIGNATURE:

4/3/96 (467)657-220