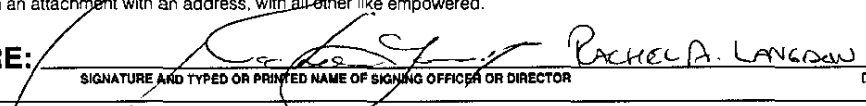


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90040 011 ***150.00

DOCUMENT # P95000083295 1. Entity Name NET MAGIC, INC.					
Principal Place of Business 2270 SOUTH 8TH ST. FERNANDINA BEACH, FL 32034 US			Mailing Address 2270 SOUTH 8TH ST. FERNANDINA BEACH, FL 32034 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 913 DILLWORTH ST. Suite, Apt. #, etc.			
City & State Zip Country		City & State ST. MARYS, GA Zip Country 31558 USA		4. FEI Number 59-3340558	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CASCONI, JOHN 101 CENTRE ST. FERNANDINA BEACH, FL 32034				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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYLAND, MICHAEL 2270 SOUTH 8TH ST. FERNANDINA BEACH, FL 32034	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RAWLS, STEVE 1344 AUTUMN TRACE FERNANDINA BEACH, FL 32034	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGLER, ROBERT E 3998 1ST AVENUE FERNANDINA BEACH, FL 32034	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REILLY, GORDON R 1287 AVONDALE AVE JACKSONVILLE, FL 32205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANGDON, RACHEL A 210 MILLERS TRACE DR SAINT MARYS, GA 31558	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  RACHEL A. LANGDON 1/28/2004 (912) 673-6000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					