

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000005618

**Entity Name:** MAGICAL CRUISE COMPANY, LIMITED

**Current Principal Place of Business:**

3 QUEEN CAROLINE STREET  
HAMMERSMITH  
LONDON, W6 9PE

**Current Mailing Address:**

500 S BUENA VISTA ST  
BURBANK, CA 91521-0105

**FEI Number:** 59-3403765

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GIACALONE, MARGARET C  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY, DIRECTOR  
Name SWETS, EGBERT  
Address 210 CELEBRATION PLACE  
4TH FLOOR  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR, TREASURER  
Name DIERCKSEN, WILLIAM  
Address 210 CELEBRATION PLACE  
4TH FLOOR  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR, PRESIDENT  
Name VAHLE, JEFFREY N  
Address 3401 EAST VISTA BLVD  
City-State-Zip: LAKE BUENA VISTA FL 32830

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EGBERT SWETS

**SECRETARY**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date