

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90097 019 \*\*\*150.00

<b>DOCUMENT #</b>		<b>464253</b>
<b>1. Entity Name</b>		
<b>MIAMI MAGIC, CO.</b>		
<b>Principal Place of Business</b>		<b>Mailing Address</b>
<b>9722 BIRD RD</b>		<b>9722 BIRD RD</b>
<b>MIAMI FL 33165</b>		<b>MIAMI FL 33165</b>
<b>US</b>		<b>US</b>

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0172079	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, ANTONIO H.  
9722 BIRD RD.  
MIAMI FL 33165

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 Antonio H. Saini  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: <input type="checkbox"/></p> <p>(See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <del>After May 1, 2002 Fee will be \$550.00</del>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>
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[illegible][illegible]

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 REQUIRED

4/16/02  
Date

Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)