

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90261 024 ****61.25

DOCUMENT # 707205

1. Entity Name

FORT LAUDERDALE MAGIC SOCIETY, INC.

Principal Place of Business

Mailing Address

C/O MURRAY WEINER
 1402 NW 80TH AVE APT 504
 MARGATE FL 33063

C/O MURRAY WEINER
 1402 NW 80TH AVE APT 504
 MARGATE FL 33063-2908

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

65-0010645

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINER, MURRAY
1402 N.W. 80TH AVENUE
MARGATE FL 33063

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **RISKIN, MANNY**
 STREET ADDRESS **7560 NW 79 AVE**
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **DP** Change Addition
 NAME **RISKIN, MANNY**
 STREET ADDRESS **11909 MATARO AVE.,**
 CITY-ST-ZIP **BOYNTON BCH, FL. 33437**

TITLE **D VP** Delete
 NAME **HOROWITZ, MARK D**
 STREET ADDRESS **1500 SE 3RD CT**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **WEINER, MURRAY**
 STREET ADDRESS **1402 NW 80TH AVE**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **BERTUCELLI, LAWRENCE**
 STREET ADDRESS **3710 NW 88 AVE**
 CITY-ST-ZIP **SUNRISE FL 33351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **RISKIN, MANNY**
 STREET ADDRESS **7560 NW79TH AVE**
 CITY-ST-ZIP **TAMARAV FL 33321**

TITLE **DP** Change Addition
 NAME **LABUSH, PHIL**
 STREET ADDRESS **9360 NW 39 ST**
 CITY-ST-ZIP **SUNRISE, FL. 33321**

TITLE **D** Delete
 NAME **WHITMAN, TIM**
 STREET ADDRESS **7953 NW 66 TERRACE**
 CITY-ST-ZIP **PARKLAND, FL. 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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:

Murray Weiner **MURRAY WEINER** 1/15/00 954 978-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)