


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707205</b> 1. Entity Name <b>FORT LAUDERDALE MAGIC SOCIETY, INC.</b>	
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Principal Place of Business <b>C/O JOE PERLMUTTER 2515 BLUE SAGE AVENUE COCONUT CREEK, FL 33063</b>	Mailing Address <b>C/O JOE PERLMUTTER 2515 BLUE SAGE AVENUE COCONUT CREEK, FL 33063</b>
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01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0010645</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>PERLMUTTER, JOE 2515 BLUE SAGE AVENUE COCONUT CREEK, FL 33063</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P HOROWITZ, MARK 5719 NW 79TH WAY PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP DEVIDO, JEFF 6618 BUENA VISTA DRIVE MAEGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DS PERLMUTTER, JOE 2515 BLUE SAGE AVENUE COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DT LABUSH, PHIL 9360 NW 39ST SUNRISE, FL 33381
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D SHELLY, MICHAEL 9283 VISTA DEL LARGO #37-C BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LUCAS, WILLIAM 9752 MAGESTIC WAY BOYNTON BEACH, FL 33437

1100000493187  
04/19/06-80094-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joe Perlmutter  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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