

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90035 023 ****61.25

DOCUMENT # 707205
 1. Entity Name
FORT LAUDERDALE MAGIC SOCIETY, INC.



Principal Place of Business
 C/O JOE PERLMUTTER
 2515 BLUE SAGE AVENUE
 COCONUT CREEK, FL 33063

Mailing Address
 C/O JOE PERLMUTTER
 2515 BLUE SAGE AVENUE
 COCONUT CREEK, FL 33063

40001000



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03122007 Chg-NP CR2E037 (12/06)

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

PERLMUTTER, JOE
 2515 BLUE SAGE AVENUE
 COCONUT CREEK, FL 33063

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

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lucas, William	
STREET ADDRESS	9752 Majestic Way	
CITY-ST-ZIP	Boynton Beach, FL 33437	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hirschowitz, Norman	
STREET ADDRESS	2523 Bluesage Ave.	
CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Horowitz, Mark	
STREET ADDRESS	5719 NW 79th Way	
CITY-ST-ZIP	Parkland, FL 33067	

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* **4/2/07** **954-977-5843**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #