

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90658 001 ****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**



CHECK HERE IF MAKING CHANGES

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

**PERLMUTTER, JOE
2515 BLE SAGE AVENUE
COCONUT CREEK 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joe Perlmutter

JOE PERLMUTTER

3/20/03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	RISKIN, MANNY	
STREET ADDRESS	11909 MATARO AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOROWITZ, MARK D	
STREET ADDRESS	1500 SE 3RD CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PERLMUTTER, JOE	
STREET ADDRESS	2515 BLU SAGE AVENUE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	BERTUCELLI, LAWRENCE	
STREET ADDRESS	3710 NW 88 AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LABUSH, PHIL	
STREET ADDRESS	9360 NW 39ST	
CITY-ST-ZIP	SUNRISE FL 33381	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM WHITMAN	
STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP	7143 NW 66th TERRACE PARLAKIND, FL. 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Signature Required

3/20/03

954-977-8443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR