

# 2001 UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT #</b> A93000000670			
<b>1. Entity Name</b> MAGIC FANATTIC, LTD.			
<b>Principal Place of Business</b> 8701 MAITLAND SUMMIT BLVD ORLANDO FL 32810		<b>Mailing Address</b> P.O. BOX 76 ORLANDO FL 37802	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>9. Capital Contributions as Shown on record.</b> \$1,100,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> P35911 <b>NAME</b> RDV SPORTS, INC. <b>STREET ADDRESS</b> 126 OTTAWA AVE., N.W., 500 PENN PLAZA <b>CITY-ST-ZIP</b> GRAND RAPIDS MI 49503		<b>STREET ADDRESS</b> 300003819593--6 <b>CITY-ST-ZIP</b> -03/09/01--01005--001 ****526.25 ****526.25	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**FILED**  
01 MAR -5 AM 10:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



DO NOT WRITE IN THIS SPACE

**14.** 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** SIGNATURE REQUIRED *Fr. + 2 1-30-01 4079162400*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)