

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002152

Entity Name: MAGIC MEDIA, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

420-A SOUTH 1ST STRETT
BANGOR, PA 18013

New Principal Place of Business:

420 SOUTH 1ST STRETT
BANGOR, PA 18013

Current Mailing Address:

420-A SOUTH 1ST STRETT
BANGOR, PA 18013

New Mailing Address:

420 SOUTH 1ST STRETT
BANGOR, PA 18013

FEI Number: 20-0768149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROTMAN, KENNETH
Address: 1133 CONNECTICUT AVE., N.W., STE 700
City-St-Zip: WASHINGTON, DC 20036

Title: D () Delete
Name: JINICH, DANIEL
Address: 1133 CONNECTICUT AVE., N.W., STE 700
City-St-Zip: WASHINGTON, DC 20036

Title: CEO () Delete
Name: MCANDREW, JAMES
Address: 420 SOUTH 1ST STREET
City-St-Zip: BANGOR, PA 18013

Title: COO () Delete
Name: HORNKOHL, BRIAN
Address: 420 SOUTH 1ST STREET
City-St-Zip: BANGOR, PA 18013

Title: T () Delete
Name: HAGGERTY, NANCY
Address: 420 SOUTH 1ST STREET
City-St-Zip: BANGOR, PA 18013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY HAGGERTY

T

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date