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FILED
May 12, 2002 8:00 am
Secretary of State

02-20-2002 90034 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000000394**

1. Entity Name

MAGI INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**1800 BERING
 SUITE 1010
 HOUSTON TX 77057**

**1800 BERING
 SUITE 1010
 HOUSTON TX 77057**

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

76-0304199

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address

City

**KAMRADT, RUSSELL T
 PHILLIPS POINT - EAST TOWER
 777 SOUTH FLAGLER DR., STE. 900
 WEST PALM BEACH FL 33401**

**John C. West
 2581 Jupiter Park Drive**

Jupiter FL 33458

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**DPSD
 WEST, JOHN C
 1800 BERING, SUITE 1010
 HOUSTON TX 77057**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**CD
 MECOM, JOHN W J
 1800 BERING, SUITE 1010
 HOUSTON TX 77057**

☐ Delete

TITLE
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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02 (713) 439-1333

Daytime Phone #

CR2E034 (9/01)