

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
 05-03-2001 90913 012 ***150.00

DOCUMENT # F99000003275

1. Entity Name
MAGIC IMAGE MARKETING CORP.

Principal Place of Business Mailing Address
2606 E ROBINSON ST 2606 E ROBINSON ST
ORLANDO FL 32803 ORLANDO FL 32803

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 **91-1962808** 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

JIMENEZ, ART
~~4819 "B" N. GOLDEN ROD ROAD~~ **2606 E. ROBINSON ST**
~~WINTER PARK FL 32792~~ **ORLANDO FL 32803**

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.

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, 2001 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 **CDPS** ☒ Delete
 NAME **JIMENEZ, ARTURO**
 STREET ADDRESS ~~4819 "B" N. GOLDEN ROD ROAD~~ **2606 E. ROBINSON ST**
 CITY-ST-ZIP ~~WINTER PARK FL 32792~~ **ORLANDO FL 32803**

TITLE **CDPS** ☒ Change ☐ Addition
 NAME **JIMENEZ, ARTURO**
 STREET ADDRESS **2606 E. ROBINSON ST.**
 CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VT** ☒ Delete
 NAME ~~JIMENEZ, ARTURO~~ **2606 E. ROBINSON ST**
 STREET ADDRESS ~~4819 "B" N. GOLDEN ROD ROAD~~
 CITY-ST-ZIP ~~WINTER PARK FL 32792~~ **ORLANDO FL 32803**

TITLE **VT** ☒ Change ☐ Addition
 NAME **JIMENEZ, ARTURO**
 STREET ADDRESS **2606 E. ROBINSON ST.**
 CITY-ST-ZIP **ORLANDO FL 32803**

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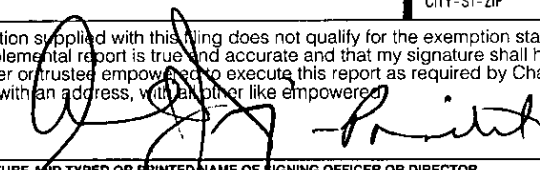
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 another like empowered.

SIGNATURE:  **Print**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/01** Daytime Phone # **407-897-3130**

CR2E034 (10/00)

Attachment

F99 00000 3275

757352

NOTE -

4/26/01

ALL that I want
changed in this
Report is my
MAILING ADDRESS.
FOR AGENT AND
OFFICERS

thanks
ANY TIME EVER