

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # J53545 -- AMENDED ****
1. Corporation Name

IMAGICA ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

1518 SW 12th Avenue
Ocala FL 34474
US

1900 Main Street
Suite #210
Sarasota FL 34236
US

3. Date Incorporated or Qualified
01/21/1987

3a. Date of Last Report
04-24-1996

2. Principal Place of Business

2a. Mailing Address

21 1518 SW 12th Avenue
Suite, Apt. #, etc.

26 1900 Main Street
Suite, Apt. #, etc.
27 Suite 210

4. FEI Number
59-2762999

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24 34474

25 Marion

29 34236

30 Sarasota

9. Name and Address of Current Registered Agent

Foley & Lardner
Martin Traber
100 North Tampa - Ste 2700
Tampa FL 33602

10. Name and Address of Now Registered Agent

81 Name
W.R. Klein, PA
82 Street Address (P.O. Box Number is Not Acceptable)
William R. Klein
83 1900 Main Street - Suite 210
84 City
Sarasota FL 85 Zip Code
34236

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

William R. Klein

William R. Klein

10/23/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME Boyd, Barry
STREET ADDRESS 1518 SW 12th Ave
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME White, William J.
STREET ADDRESS 3922 SE 2nd Street
CITY-ST-ZIP Ocala FL 34471

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Jones, Braxton P.
1.3 STREET ADDRESS 3927 Meadow Creek Dr.
1.4 CITY-ST-ZIP Sarasota FL 34233

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D
3.2 NAME Tishman, Mark
3.3 STREET ADDRESS PO Box 22109 WA
3.4 CITY-ST-ZIP Sarasota FL 34276-5109

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/97 352 8677861

CR2E034 (9/96)