

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90077 031 \*\*\*\*50.00

**DOCUMENT # L01000002672**

1. Entity Name

MAGICALFISH.COM, L.L.C.

Principal Place of Business

1007 FEATHERSTONE CIRCLE  
 OCOEE FL 34761

Mailing Address

1007 FEATHERSTONE CIRCLE  
 OCOEE FL 34761

2. Principal Place of Business

156 Raintree Dr  
 Suite, Apt. #, etc.

3. Mailing Address

6405 COLBERT  
 Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

NEW ORLEANS, LA

Zip

32779

Country

US

Zip

70124

Country

US

4. FEI Number

59-3704456

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BRANNON FITZNER, LAURA ALEXIS

~~1007 FEATHERSTONE CIRCLE~~ 156 RAIN TREE  
~~OCOEE FL 34761~~

~~LONGWOOD, FL 32779~~  
 LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

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 ALEXIS BRANNON

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

(NOTE: Registered Agent signature required when reinstating)

4/23/02  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ALEXIS BRANNON MGRM ☐ Delete

STREET ADDRESS 156 RAIN TREE DR  
 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE NAME TRACY HUMBLE MGRM ☐ Delete

STREET ADDRESS 6405 COLBERT ST  
 CITY-ST-ZIP NEW ORLEANS, LA 70124

TITLE NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MGRM ALEXIS BRANNON ☐ Change ☒ Addition

STREET ADDRESS 156 RAIN TREE DR  
 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE NAME MGRM TRACY HUMBLE ☐ Change ☒ Addition

STREET ADDRESS 6405 COLBERT ST  
 CITY-ST-ZIP NEW ORLEANS, LA 70124

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Tracy Humble REQUIRED

4/23/02

985-727-3595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)