

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90041 002 \*\*\*\*50.00

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**DOCUMENT # L01000002672**

1. Entity Name  
**MAGICALFISH.COM, LLC.**



Principal Place of Business  
**156 RAINTREE  
LONGWOOD FL 32779**

Mailing Address  
**6405 COLBERT  
NEW ORLEANS LA 70124**

2. Principal Place of Business  
**2422 BENTTREE Rd**

3. Mailing Address

Suite, Apt. #, etc.  
**2711**

Suite, Apt. #, etc.

City & State  
**PALM HARBOR, FL**

City & State

Zip  
**34683**

Country  
**USA**

Zip

Country

4. FEI Number **59-3704456**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BRANNON FITZNER, LAURA ALEXIS  
1007 FEATHERSTONE CIRCLE  
OCOE FL 34761**

7. Name and Address of New Registered Agent

Name **ALEXIS BRANNON**

Street Address (P.O. Box Number is Not Acceptable)

**2422 Bent Tree Rd # 2711**

City **Palm Harbor**

**FL**

Zip Code **34683**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **BRANNON, ALEXIS** ☐ Delete  
STREET ADDRESS **156 RAINTREE DR**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE  
NAME **HUMBLE, TRACY** ☐ Delete  
STREET ADDRESS **6405 COLBERT ST**  
CITY-ST-ZIP **NEW ORLEANS LA 70124**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM** ☒ Change ☐ Addition  
STREET ADDRESS **ALEXIS BRANNON**  
CITY-ST-ZIP **2422 BENTTREE RD # 2711**  
**PALM HARBOR, FL 34683** ☐ Change ☐ Addition

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**9/23/03**

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

Date

Daytime Phone #

CR2E083 (4/03)