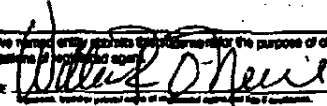
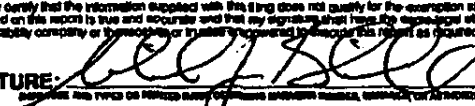


FILED
Jun 17, 2003 8:00 am
Secretary of State

5/

05-02-2003 90587 045 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002278		
1. Entity Name MAGIC CHARTERS, LLC		
Principal Place of Business 3813 WYEMOUTH WOODS DRIVE MEDINA, OH 44256		Mailing Address 3813 WYEMOUTH WOODS DRIVE MEDINA, OH 44256
2. Principal Place of Business		3. Mailing Address
State, Apt. #, etc.		State, Apt. #, etc.
City & State		City & State
Zip		Zip
Country		Country
4. FEI Number 75-2984005		Applied For Not Applicable
5. Certificate of Status Desired ☐ - \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent SEEWALD, JEANNE L 580 PARK SHORE DRIVE SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent R & A AGENTS, INC. 580 Park Shore Drive Suite 300 Naples FL 34103
8. The above named entity certifies that the purpose of changing its registered office or registered agent, or both, in the State of Florida, is for lawful use, and accept the obligations of its registered agent.		
SIGNATURE  Assistant Secretary		
9. MANAGING MEMBERS/MANAGERS		
YES NAME STREET ADDRESS CITY-STATE-ZIP	☐ Date	YES NAME STREET ADDRESS CITY-STATE-ZIP
YES NAME STREET ADDRESS CITY-STATE-ZIP	☐ Date	YES NAME STREET ADDRESS CITY-STATE-ZIP
YES NAME STREET ADDRESS CITY-STATE-ZIP	☐ Date	YES NAME STREET ADDRESS CITY-STATE-ZIP
YES NAME STREET ADDRESS CITY-STATE-ZIP	☐ Date	YES NAME STREET ADDRESS CITY-STATE-ZIP
YES NAME STREET ADDRESS CITY-STATE-ZIP	☐ Date	YES NAME STREET ADDRESS CITY-STATE-ZIP
YES NAME STREET ADDRESS CITY-STATE-ZIP	☐ Date	YES NAME STREET ADDRESS CITY-STATE-ZIP
10. ADDITIONS/CHANGES ☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b), 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 sole proprietor or partner in a partnership or the owner of a sole proprietorship as required by Chapter 806, Florida Statutes.		
SIGNATURE  4/27/03 330-421-0303		

Attachment

44004639

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000002278			
1. Entity Name MAGIC CHARTERS, LLC			
Principal Place of Business 3813 WEYMOUTH WOODS DRIVE MEDINA, OH 44256		Mailing Address 3813 WEYMOUTH WOODS DRIVE MEDINA, OH 44256	
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 75-2984005		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEEWALD, JEANNE L 580 PARK SHORE DRIVE SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name R & A AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 850 Park Shore Drive Suite 300 City Naples FL Zip Code 34103	
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 <i>Walter J. O'Neil</i>		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent's signature required when registering)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOBINCHUCK, MICHAEL 3813 WEYMOUTH WOODS DRIVE MEDINA, OH 44256 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date 4/27/03 Daytime Phone # 330-421-0303	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	

CH2003 (10/02)