

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000009118  
1. Entity Name  
**UMAGIC INVESTORS, LLC**

Principal Place of Business Mailing Address

2. Principal Place of Business **101 E. KENNEDY BLVD.** 3. Mailing Address **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 3300**  
City & State City & State  
**TAMPA, FL**

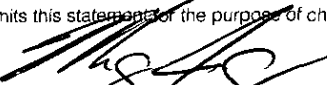
DO NOT WRITE IN THIS SPACE

Zip **33602** Country **USA** Zip Country

4. FEI Number **59-3614754** Applied For Not Applicable  
5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
Name **MENG G. JUNG**  
Street Address (P.O. Box Number is Not Acceptable) **101 E. KENNEDY BLVD.**  
**SUITE 3300**  
City **TAMPA** FL Zip Code **33602**

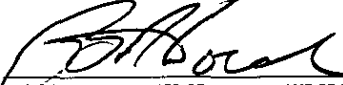
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
SIGNATURE  DATE **4/27/2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MG RM</b>
STREET ADDRESS	<b>ATLANTIC AMERICAN INTERNET PTR LTD</b>
CITY-ST-ZIP	<b>101 E. KENNEDY BLVD., STE 3300 TAMPA, FL</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300003269653--3</b>
STREET ADDRESS	<b>-05/30/00--01013--005</b>
CITY-ST-ZIP	<b>*****50.00 *****50.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:  DATE **4/05/2000** (813) 226-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **BRAD A. GORDON** Daytime Phone #

CR2E083 (11/99)