

**2001 UNIFORM BUSINESS REPORT (UBR) (Amended)**

APPROVED  
AND  
FILED

01 JUN 22 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M00000001262  
1. Entity Name  
MAGIC AIR ADVENTURE LLC

Principal Place of Business Mailing Address  
5069 W Irlo Bronson Mem. Hwy. 5069 W Irlo Bronson Mem. Hwy.  
Kissimmee, Florida 34746 Kissimmee, Florida 34746

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-06/28/01--01006--004

\*\*\*\*\*50.00 \*\*\*\*\*50.00

DO NOT WRITE IN THIS SPACE

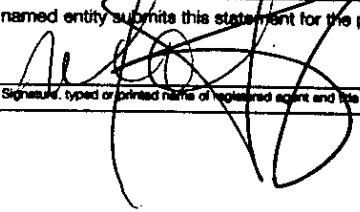
2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State

Zip Country Zip Country  
33133 USA

4. FEI Number Applied For  
510398989 Not Applicable

6. Name and Address of Current Registered Agent  
Schairer Otwin  
5069 W Irlo Bronson Mem. Hwy.  
Kissimmee, Florida 34746

7. Name and Address of New Registered Agent  
Name World Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
2665 South Bayshore Drive  
Suite 703  
City Miami FL Zip Code 33133

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  Mitchell S. Polansky, VP 6/19/01  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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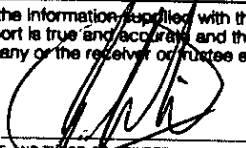
9. MANAGING MEMBERS / MEMBERS

TITLE NAME	MGRM Schairer, Otwin <input checked="" type="checkbox"/> Delete
STREET ADDRESS	5069 W Irlo Bronson Mem. Hwy.
CITY-ST-ZIP	Kissimmee, Florida 34746
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE NAME	Manager Curtis, Glenn F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2665 South Bayshore Drive, Suite 703
CITY-ST-ZIP	Miami, Florida 33133
TITLE NAME	Manager Douglas, Sharon E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2665 South Bayshore Drive, Suite 703
CITY-ST-ZIP	Miami, Florida 33133
TITLE NAME	Manager/Member Mossop, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2665 South Bayshore Drive, Suite 703
CITY-ST-ZIP	Miami, Florida 33133
TITLE NAME	Manager/Member Mossop, Alison <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2665 South Bayshore Drive, Suite 703
CITY-ST-ZIP	Miami, Florida 33133
TITLE NAME	Member Solent Helicopters Ltd. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2665 South Bayshore Drive, Suite 703
CITY-ST-ZIP	Miami, Florida 33133

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Glenn F. Curtis, Manager 6/19/01 (305) 858-9900

CR2E083 (11/00)