2002 UNIFORM BUSINESS REPORT (UBR)

0007366

DOCUMENT # M00000001262

FILED

02 MAY 13 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name
MAGIC AIR ADVENTURE LLC

Principal Place of Business
5069 W IRLO BRONSON MEM. HWY
KISSIMMEE FL 34746

Mailing Address
2665 SOUTH BAYSHORE DR., STE. 703
MIAMI FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 51-0398989 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DR., STE. 703
MIAMI FL 33133

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	CURTIS, GLENN F	2665 SOUTH BAYSHORE DR., STE. 703	MIAMI FL 33133	☐
MGR	DOUGLAS, SHARON E	2665 SOUTH BAYSHORE DR., STE. 703	MIAMI FL 33133	☐
MGRM	MOSSOP, DAVID	2665 SOUTH BAYSHORE DR., STE. 703	MIAMI FL 33133	☐
MGRM	MOSSOP, ALISON	2665 SOUTH BAYSHORE DR., STE. 703	MIAMI FL 33133	☐
MEM	SOLENT HELICOPTERS LTD.	2665 SOUTH BAYSHORE DR., STE. 703	MIAMI FL 33133	☐
				☐

10. ADDITIONS/CHANGES

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

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CR2E083 (9/01)

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 Stefan Seuss 4/30/02 (305) 858-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #