

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003977

FILED
May 12, 2003
Secretary of State

Entity Name: BASKETBALL MAGIC, INC.

Current Principal Place of Business:

6130 SW 158TH WAY
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

6130 SW 158TH WAY
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-1150367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKHART, OSBORNE
6130 SW 158TH WAY
DAVIE, FL 33331

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: LOCKHART, OSBORNE
Address: 6130 SW 158TH WAY
City-St-Zip: DAVIE, FL 33331

Title: VD () Delete
Name: BRICE, GEORGE
Address: 12550 NW 10TH ST.
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: MCDONALD, ANDREA
Address: 1035 NW 103RD ST.
City-St-Zip: MIAMI, FL

Title: ASD () Delete
Name: PRESTON, ROBYN
Address: 12535 NE 1ST AVE.
City-St-Zip: N. MIAMI, FL 33161

Title: TD () Delete
Name: WILLIAMS, HERMAN K
Address: 218 NE 199TH TERR.
City-St-Zip: MIAMI, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SCALLEN, TOMMY
Address: 4701 IDS CENTER, 80 SOUTH 8TH STREET.
City-St-Zip: MINNEAPOLIS, MN 55402

Title: SD (X) Change () Addition
Name: O'SUCH, KATHY
Address: 6191 SW 158 WAY.
City-St-Zip: DAVIE, FL 33331

Title: ASD (X) Change () Addition
Name: BRIDGEWATER, RICHARD DR.
Address: 1461 KINGSLEY AVE, STE. 1 & 2
City-St-Zip: ORANGE PARK, FL 32073

Title: TD (X) Change () Addition
Name: LOCKHART, MAXINE D
Address: 6130 SW 158 WAY
City-St-Zip: DAVIE, FL 33331

Title: ATD () Change (X) Addition
Name: BRICE, GEORGE
Address: 12550 NW 10TH STREET
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSBORNE K. LOCKHART

CEOD

05/12/2003

Electronic Signature of Signing Officer or Director

Date