

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2004
Secretary of State**

DOCUMENT# N01000005429

Entity Name: MAJICITY FOUNDATION, INC.

Current Principal Place of Business:

5020 SILVER STAR RD.
SUITE C
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

5020 SILVER STAR RD.
SUITE C
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3738346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIPLIN, GARY A
725 S. GOLDWYN AVE., STE. B
ORLANDO, FL 32805 US

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: D () Delete
Name: DAWSON, JOHNNY
Address: 7306 WHITEWATER COURT
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: SIPLIN, GEORGE
Address: 7040 TALBOT DR.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: WELLS, TINA
Address: 12719 FORESTEDGE CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: LUCAS, REBECCA
Address: 4838 SANDBAR WILLOW CT.
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: BROWN, CARRIE
Address: 3019 GANDOLA DRIVE
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: EASON, JON
Address: 4431 RALEIGH STREET
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CARRIE BROWN

D

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date