

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004744

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: MAGIC CURTAIN PRODUCTIONS, INC

**Current Principal Place of Business:**

13217 WILD DUCK CT  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

13217 WILD DUCK CT  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 30-0314053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CATO, RHONDA C  
13217 WILD DUCK CT  
ORLANDO, FL 32828 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: P ( ) Delete  
Name: CATO, MICHAEL C  
Address: 13217 WILD DUCK CT  
City-St-Zip: ORLANDO, FL 32828

Title: VP ( ) Delete  
Name: CATO, RHONDA C  
Address: 13217 WILD DUCK CT  
City-St-Zip: ORLANDO, FL 32828

Title: SEC ( ) Delete  
Name: MARCINKO, JENNIFER  
Address: 13616 WATERHOUSE WAY  
City-St-Zip: ORLANDO, FL 32828

Title: TR ( ) Delete  
Name: CATO, RHONDA C  
Address: 13217 WILD DUCK CT  
City-St-Zip: ORLANDO, FL 32828

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RHONDA CODY CATO

VP

01/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date