2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

DOCUMENT # N29920 1. Enlity Name ORLANDO MAGIC YOUTH FOUNDATION, INC.								04-26-200	4 90461	041 ***	**61.25
Principal Place of Business RDV SPORTSLEX 8701 MAITLAND SUMMIT BLVD 8701 MAITLAND SUMMIT BLVD 0RLANDO, FL 32810 US Mailing Address 8701 MAITLAND SUMMIT BLVD 0RLANDO, FL 32810											
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04222004	Chg-NP	CR2E	037 (10/0	03)
City & State			City & State				4. FEI Number 59-2940	230			Applied For Not Applicable
Zip	Zip Country		Zip	Zip Cou		5. Certificate of Status Desi			red S8.75 Additional Fee Required		
	6. Name	and Address of Current I	Registered Agent		Name		7. Name and A	ddress of New	Registere	d Agent _	*
HEEKIN, JAMES F. JR. LOWNDES, DROSDICK, DOSTER, KANTOR 215 N. EOLA DR. ODLANDO, Et. 23801					Name Street Address (P.O. Box Number is Not Acceptable)						
							, o. Box 140/mber	·			. <u> </u>
ORLANDO, FL 32801 `				City				<u> </u>	F	Zip	Code
	named entity	y submits this statement for ered agent.	the purpose of changing i	ts registere	ed office or	registere	ed agent, or both	, in the State of	Florida. I a	m familiar v	with, and accept
	••										
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NC	OTE: Registere	d Agent signatu	re required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2004											
	_		9. Election Co Trust Fund	, -			\$5.00 May Be Added to Fees	FI	Make che orida Dep		
10.	Due by M		Trust Fund			∐ 		. FI	orida Dep	artment o	of State
- 1	C VANDERV 8701 MIA	lay 1, 2004	Trust Fund	11. TITLE NAME STRE	ion.	∐ 	Added to Fees	. FI	orida Dep	artment o	of State S IN 10
10. TITLE NAME STREET ADDRESS	C VANDERV 8701 MIA ORLANDO SD FEHR, LIS 8701 MAI	OFFICERS AND DIR OFFICERS AND DIR WEIDE, BOB TLAND SUMMIT BLVD D, FL 32810	Trust Fund	11. TITLE NAM STRE CITY TITLE NAM STRE	E E E E E E E E E E E E E E E E E E E	PD Bowi 870	Added to Fees DDITIONS/CHAP	NGES TO OFFICE	orida Dep CERS AND	DIRECTOR Chai	of State S IN 10
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/22/04

Daytime Phone #