

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90070 014 \*\*\*158.75

**DOCUMENT # P00000035928**

1. Entity Name  
**MASTERS OF MAGIC, INC.**



Principal Place of Business  
**671 W FRONT ST. SUITE 210  
SUITE 220  
CELEBRATION FL 34747**

Mailing Address  
**671 W FRONT ST. SUITE 210  
SUITE 220  
CELEBRATION FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **Suite 220**

Suite, Apt. #, etc. **Suite 220**

City & State

City & State

4. FEI Number **59-3668114**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **X** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, OCTAVIO  
671 W FRONT ST, SUITE 210  
CELEBRATION FL 34747**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**Suite 220**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEES \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **GOMEZ, OCTAVIO**  
STREET ADDRESS **671 W. FRONT ST. SUITE 220**  
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE **D** ☐ Delete  
NAME **MATIN, LOUIS B**  
STREET ADDRESS **5469 GROVE CROSSING BLVD. SUITE 220**  
CITY-ST-ZIP **ORLANDO FL 32829**

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

TITLE **TD** ☐ Delete  
NAME **GRAY, DAVID**  
STREET ADDRESS **671 W. FRONT ST. SUITE 220**  
CITY-ST-ZIP **CELEBRATION FL 34747**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

12. 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 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 607, 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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/03 407-566-1021**  
Date Daytime Phone #

CR2E034 (10/02)