

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P000000346136**

1. Entity Name
Magic Deal Productions Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2024 NE 161st

3. Mailing Address
P.O. Box 600369

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NMB, FL

City & State
NMB, FL

Zip
33162

Country
USA

Zip
33160-0369

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Lisa Wells

Street Address (P.O. Box Number is not acceptable)
1252 NW 172 Terrace

City
Miami

FL

Zip Code
33169

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.

SIGNATURE

Lisa Wells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

10/11/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PISIT
Lisa Wells
1252 NW 172 Terrace
Miami, FL 33169**

TITLE
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13. 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 11 or on an attachment with an address, with all other IRO empowered.

SIGNATURE:

Lisa Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/02 305 621 4055

Date

Daytime Phone #

FILED

02 NOV 26 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (12/01)