

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90044 016 ***150.00

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DOCUMENT # P00000072978

1. Entity Name
MAGIC KNIGHTS PRODUCTIONS, INC.



Principal Place of Business
**412 OAK HILL DRIVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**412 OAK HILL DRIVE
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business
7792 Snowberry Cir

3. Mailing Address
7792 SNOWBERRY CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL, 32819

City & State
ORLANDO, FL

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
32819

Country
USA

Zip
32819

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTANTINE, JOSEPH ESQ
412 OAK HILL DRIVE
ALTAMONTE SPRINGS FL 32701**

Name **Costantine, Joseph**

Street Address (P.O. Box Number is Not Acceptable)

7792 SNOWBERRY CIRCLE

City **ORLANDO**

FL

Zip Code
32819

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

Joseph Costantine (NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

**FEE NOW!!! FEE IS \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
COSTANTINE, JOSEPH
412 OAK HILL DRIVE
ALTAMONTE SPRINGS FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
Costantine, Joseph
7792 SNOWBERRY Circle
Orlando, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: **Joseph Costantine**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)