FILED
Jul 01, 2003 8:00 am
Secretary of State
05-12-2003 90209 012 ***150.00
05-05-2003 92208 040 ****33.44

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006171

1. Entity Name

DMS MAGIC SYSTEMS, INC.

DO NOT WRITE IN THIS SPACE

55050349

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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
1908 E. POWHATAN Suite, Apt. #, etc.	1208 E. POWHATAN Suite, Apt. #, etc.	59-3693680	Not Applicable
City & State: TAMPA, FL	City & State: TAMPA, FL		
Zip: 33604 County: HILLS.	Zip: 33604 County: HILLS	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Harry L. Humphrey

Street Address (P.O. Box Number is Not Acceptable): 1208 E. Powhatan Ave.

City: Tampa FL Zip Code: 33604

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry L. Humphrey V-PRES 1208 E. Powhatan Ave. Tampa, Fl 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mary L. Humphrey PRES 1208 E. Powhatan Ave. Tampa, Fl 33604
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CR2E034E (1-2002)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary L Humphrey 5-7-03 8132371321
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
MARY L. HUMPHREY