FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92210 015 ***150.00

DOCUMENT # P01000024644

1. Entity Name
The Magic Lamp Production, Inc

DO NOT WRITE IN THIS SPACE

11041886

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2. Principal Place of Business	3. Mailing Address
1305 St. Tropez Circle	P.O. Box 820835
Suite, Apt. #, etc. # 2012	Suite, Apt. #, etc.
City & State Weston, Florida	City & State Pembroke Pines
Zip 33326 Country USA	Zip 33082-0835 Country USA

4. FEI Number 65-1084605 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Maria Eugenia Pardo

Street Address (P.O. Box Number is Not Acceptable): 1305 St. Tropez Circle # 2012

City: Weston, Florida Zip Code: 33326

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] 5/1/03

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

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	President Jose Eduardo Pardo 1305 St. Tropez Circle # 2012 Weston, Fl. 33326
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Maria Eugenia Pardo 1305 St. Tropez Circle # 2012 Weston, Fl. 33326
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CR2E034B (12/02)

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] 5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #