FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FII ED **DOCUMENT #** POKO00099002 03 OCT 29 PM 3:43 1. Entity Name CINEMAGICAL TNC. JEGAN HARY OF LIMIC TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address Principal Place of Business nemora Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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 the obligations of legistered agent. 10-25-07 SIGNATURE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 TITLE NAME 500024247245 STREET ADDRESS 10/29/03--01016--010 **150:00 CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-03

Daytime Phone #



ADVISORY Fort Lauderdale, Florida

Gerald S. Schnitzer, President

October 25, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Re: John Brooke

Cinemagical, Inc.

Document #P01000099002 Federal I. D. No. 65-1146160

Mr. Brooke has asked that we write to you again on his behalf. Our previous letter of September 3 is enclosed.

Although the business is no longer his primary source of income, he would like to continue at least on a part-time basis. The mailing address that we are now requesting is similar to the original mailing address. However, the building is a very large office building in the Fort Lauderdale area, with numerous stores and offices. The post office delivers only to either store numbers or suite numbers.

In addition, the company has never been much of a money maker and is requesting a waiver of the reinstatement fee, which would present a financial_hardship to the owner.

Very truly yours,

Gerald S. Schnitzer

President

Encs.



2455 E. Sunrise Blvd. Ste: 502 WISORY Fort Lauderdale, Florida RMCES,INC 33304

Gerald S. Schnitzer, President

September 3, 2003

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

-Dear-Sirs: -

Re: John Brooke

Cinemagical, Inc.

Registration No. G01171900018

EIN: 65-1146160

Our above-referenced client moved out of the building late last year, and was not aware that some of the mail would not be forwarded. He asked us to check on the Internet, and we saw that no renewal had been made.

He would like to keep the company active. Enclosed please find a check for \$150.00, which he will appreciate your consideration in accepting and waiving the late penalty fee.

Very truly yours,

Gerald S. Schnitzer

President__

Enc.

BUSINESS, FINANCIAL AND TAX PLANNING Telephone (954) 564-7701 Fax (954) 564-7897 EMAIL: GSS10@HOTMAIL.COM