

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000104278

1. Entity Name
ORMOND BEACH MAGIC, INC.



Principal Place of Business
197 N YOUNG ST
ORMOND BEACH, FL 32174

Mailing Address
197 N YOUNG ST
ORMOND BEACH, FL 32174

FILED

04 MAR -1 AM 9:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3753175

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OH, JEONG-YUN
16 FISHERMAN CIRCLE
UNIT 7
ORMOND BEACH, FL 32174

DO NOT WRITE
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 with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rehashing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | D |
| NAME | OH, JEONG-YUN |
| STREET ADDRESS | 16 FISHERMAN CIRCLE |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | D |
| NAME | YOON, CONNIE |
| STREET ADDRESS | 554 MARINA POINT DR. |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100030103281
03/03/04--01041--018 **8.75

100030103281
03/03/04--01041--019 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/04

(386) 676-0570