


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90055 031 ***150.00

DOCUMENT # P01000122369	
1. Entity Name ICE MAGIC-ORLANDO, INC.	

Principal Place of Business 11124 SATELLITE BLVD ORLANDO, FL 32837	Mailing Address 11124 SATELLITE BLVD ORLANDO, FL 32837
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40008870



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARTMAN, JAMES C 3905 EL RAY ROAD ORLANDO, FL 32808

**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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WHIDDEN, WILLIAM L 5303 FAYWOOD CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HARTMAN, JAMES C 3905 EL RAY ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEIDEMAN, ROBERT C 6223 LINNEAL BEACH ROAD APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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: James C Hartman - Agent **DATE** _____ **Daytime Phone #** _____