2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000088103

1. Entity Name

TELEMAGIC TRAVEL AND TECHNOLOGY, INC.

SIGNATURE:

FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90200 047 ***150.00

				.			'				
Principal Pla 1901 BRINSO G7	ace of Business ON RD		Mailing Address 1901 BRINSON RD G7				-				
LUTZ FL 335	558	= -	LUTZ FL 33558								
2. Principal	Place of Busine	SS	3. Mailing Address								
Suite, Ap	t. #, etc.	· · · · · · · · · · · · · · · · · · ·	Suite, A	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate		City & S	City & State				Number 2056058	7	Applied For	
Zip Country			Zip		Count	Country		tificate of Status Desired	\$8.75	Not Applicable Additional	
	6. Name a	nd Address of Curre	nt Registered A	gent	_1		7 Nam	to and Address of New Device	Fee Requ	ired	
GIPSON,	-						7. Name and Address of New Registered Agent				
	INSON RD						Street Address (P.O. Box Number is Not Acceptable)				
LUTZ FL		· .				City	<u> </u>		FL Zip C		
8. The above	e named entity s	ubmits this statement	for the purpose	of changing its	s registere	d office or register	red agent.	or both, in the State of Florida.	l am familiar wit	th and accept	
SIGNATURE		orinted name of registered age				Agent signature required					
					rc. negistered	Agent signature required	when reinstat	ing)	ATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 lorida Department	of State				ļ	9. Election Campaign Financing Trust Fund Contribution.	9 \$5 . □ Add	.00 May Be led to Fees	
10.		OFFICERS AND	D DIRECTORS		11.		ADDITI	ONS/CHANGES TO OFFICERS	AND DIRECTO	DO IN AA	
TITLE	Р			☐ Delete	TITLE	1		ONO/OHANGES TO OFFICEAS	Change		
NAME	GIPSON, JA				NAME				onange	- Madeitoli	
STREET ADDRESS CITY-ST-ZIP	1901 BRINS LUTZ FL 335				STREET CITY-S	TADDRESS ST-ZIP					
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ITY-ST-ZIP					STREET .	ADDRESS - 71P					
ITLE				7 Dolete		-211					
AME		•	_	Delete	TITLE NAME				☐ Change	☐ Addition	
TREET ADDRESS	;	1 2				ADDRESS				;	
ITY-ST-ZIP	4				CITY-ST]	
2. I hereby ce indicated of the corp	ertify that the infont this report or	ormation supplied with supplemental report is	this filing does	not qualify for ate and that m	the exemp	otion stated in Secretary e shall have the sa	tion 119.0: ame legal e	7(3)(i), Florida Statutes. I further effect as if made under oath; that	certify that the i	information	
2. I hereby co- indicated of of the corp changed, of	ertify that the infonthis report or or attachment of the report or or an attachment or on an attachment or on an attachment or	ormation supplied with supplemental report is seeiver or trustee emporent with an address.	this filing does true and accura owered to execu- with all other like	not qualify for ate and that m te this report a	the exemp ny signature as required	otion stated in Sec e shall have the sa I by Chapter 607, I	tion 119.01 ame legal e Florida Sta	7(3)(i), Florida Statutes. I further effect as if made under oath; tha atutes; and that my name appea	certify that the i it I am an officer rs in Block 10 o	information r or director or Block 11 i	