## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000007966

Entity Name: MAGICAL MEDIA, INC.

FILED Jan 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

7310 W MCNAB RD, STE 109 TAMARAC, FL 33321 US

Current Mailing Address: New Mailing Address:

7310 W MCNAB RD, STE 109 TAMARAC, FL 33321 US

FEI Number: 51-0443361 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ADAMS, SCOTT D

7540 W. MCNAB ROAD

SUITE E-21

N. LAUDERDALE, FL 33068 US

ADAMS, SCOTT D

7310 W. MCNAB RD #109

TAMARAC, FL 33321 US

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.

SIGNATURE: 01/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ADAMS, SCOTT D
 Name:
 ADAMS, SCOTT D

 Address:
 4160 NW 66TH PL
 Address:
 7310 W. MCNAB RD #109

 City-St-Zip:
 COCONUT CREEK, FL 33073 US
 City-St-Zip:
 TAMARAC, FL 33321 US

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: ADAMS, LAUREN S Name: ADAMS, LAUREN S

 Name:
 ADAMS, LAUREN S
 Name:
 ADAMS, LAUREN S

 Address:
 7540 W. MCNAB ROAD, E-21
 Address:
 7310 W. MCNAB RD #109

 City-St-Zip:
 NORTH LAUDERDALE, FL 33068 US
 City-St-Zip:
 TAMARAC, FL 33321 US

Title: S (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MASARACCHIO, RONALD
 Name:

 Address:
 7540 W. MCNAB RD. E-21
 Address:

 City-St-Zip:
 NORTH LAUDERDALE, FL
 33068 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN ADAMS VP 01/19/2009