## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000047876

Entity Name: UNIVERSAL MAGIC INCORPORATED

FILED Apr 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1330 WEST AVE STE 811 555 NE 15TH ST MIAMI BEACH, FL 33139 35 J

MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

1330 WEST AVE STE 811 555 NE 15TH ST MIAMI BEACH, FL 33139 555 NE 15TH ST

MIAMI, FL 33132

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ATKINS, LEMOTT
 Name:
 ATKINS, LEMOTT

 Address:
 1330 WEST AVE STE 811
 Address:
 555 NE 15TH ST 35J

Address: 1330 WEST AVE STE 811 Address: 555 NE 15TH ST 3: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI, FL 33132

Title: VD (X) Delete Title: ( ) Change ( ) Addition Name: SHIPLEY, GREGORY Name:

 Name:
 SHIPLEY, GREGORY
 Name:

 Address:
 1330 WEST AVE STE 811
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAMOTT E. ATKINS PTD 04/12/2004