2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

1, Entity Name MAJIC ROBOT FILMS, INC.						04-29-2005 90291 007 ***150.00			
Principal Place of Business			Malling Address			OPULANZED			
914 NORTH L STREET LAKE WORTH, FL 33460			914 NORTH L STREET LAKE WORTH, FL 33460			66020262			
2. Principal Place of Business			3. Malling Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		03252005	Chg-P	CR2E034 (10/03)		
City & State			City & State		4. FEI Number	-0914	/1 E / L++	oplied For at Applicable	
Zip ,	Cou	ountry	Zip Country		Iry	5. Certificate o	of Status Desired	S8.75 Add Fee Require	litional
	6. Name and A	Address of Current R	legistered Agent		Name	7. Name and /	Address of New F	Registered Agent	
RODGERS, KAREN									
2960 MELALEUCA DR WEST PALM BEACH, FL 33406			Street Ad			ss (P.O. Box Number is Not Acceptable)			
		A 1.		City		· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	0	
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 prints	ted name of registered agent ar	nd title if applicable. (NOTE	E: Registered	d Agent signature require	of when (dinstating)		DATE	
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.	PRES	OFFICERS AND D		11.		ADDITIONS/C	CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE .	GREENBAUM,	, KENNETH	☐ Ocicie	TITLE	1			☐ Change	Addition
STREET ADDRESS	914 NORTH L	STREET			ET ADORESS				
CITY-ST-ZIP	10 to			-	-ST-ZIP			☐ Change	☐ Addition
TITLE NAME				TITLE NAME				C. CHELOPE	EJ ADUHUH
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				ľ	
TITLE			RITLE				☐ Change	☐ Addition	
RAME	1			NAME	LE .			<u> </u>	<u></u>
STREET ADDRESS CITY-ST-ZIP	Į I				ET ADDRESS -ST-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	Addition
NAME				NAME					i
STREET ADDRESS CITY+ST+ZIP	-	-			-ST-ZIP				
tirle			☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS]			, name Stre	EET ADORESS				
CITY-ST-ZIP					-SI-ZIP				
TITLE			☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				NAM! STRE	EET ADDRESS	•			
CITY-S1-ZIP	<u> </u>				-51-ZIP				
12. I hereby certify that the information supplied with this filling 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 any final mystignature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this glorid 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 FIEL empowered.									
changed	, or on an altachme	ent with an address, w	where to execute the eport.	as requir	ned by Chapter 80	o, morpa statutes	r; and that my half	- 56/C	7
SIGNATURE: SIGNATURE AND TYPED OR PROTED IN THE CAMPAGE OF SEPTIME OF SEPTIME PROTES OF DIRECTOR SIGNATURE AND TYPED OR PROTES OF SEPTIME							15//		
	EX.	JHATURE AND TYPED OR	MATED HAZIE ONINGGINO OFFICER	SA DIRECT	roa		* Date /	Daytime Phone #	