

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 1

UBR
CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 23 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37716

1. Corporation Name Magic-Fingers, Inc. d/b/a MFI - INSTAVISION, INC.
530 North Federal Highway
Ft. Lauderdale, Florida 33301

2. Principal Office Address

N/A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Florida

Zip

33301

Country

Broward

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0494581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200005600812--9

-05/24/02--01003--007

*****85.50 *****42.75

200005600812--9

-05/24/02--01003--008

*****407.25 *****407.25

7. Name and Address of Current Registered Agent

Name

Gordon Scott Venters

Street Address (P.O. Box Number is Not Acceptable)

1010 Seminole Drive

Suite, Apt. #, Etc.

#805

City

Ft. Lauderdale,

State Zip Code

FL 33304

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCEO	Gordon Scott Venters	2100 S. Ocean Dr.	Ft. Laud, FL 33316
D	Todd W. Nugent	811421 SW18thway	Boca Raton FL 33481

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-764-0579

Date

Daytime Phone #



May 8, 2002

Florida Department of State
attn: Susan Payne
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Susan,

Please accept this letter as official notification from our Company Magic media Networks, Inc. (a Delaware Corporation) that we never received the annual report for 2000, 2001 and 2002.

As per our discussion to rectify the error for the name change from Magic Fingers d.b.a. MFI Instavision to Magicinc.com, please find a copy of the Certificate of Amendment reflecting that name change as well as a new Certificate of Amendment reflecting the name change on April 9, 2002 to Magic Media Networks, Inc.

In addition please find the necessary completed paperwork as well as the Annual Report for Magic Media Networks, Inc. and a check for \$85.50 to complete the necessary changes as well as providing us with Certified Copies of the amendments.

Thank you for your assistance in regards to this matter and if you have any questions, please feel free to call me at 954-764-0579

Sincerely,


Gordon Scott Venters
President/CEO

RECEIVED
02 MAY 13 AM 10:59
DIVISION OF CORPORATION