

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90290 019 \*\*\*150.00

**DOCUMENT # P93000081567**

**1. Entity Name**  
**MAGIC PENCIL STUDIOS, INC.**



**Principal Place of Business**  
649 VASSOR ST  
ORLANDO FL 32804  
US

**Mailing Address**  
649 VASSOR ST  
ORLANDO FL 32804  
US

**2. Principal Place of Business**  
**115 EAST MARKS ST.**

**3. Mailing Address**  
**115 EAST MARKS ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**ORLANDO FL**

**City & State**  
**ORLANDO FL**

**Zip**  
**32803**

**Country**  
**USA**

**Zip**  
**32803**

**Country**

**4. FEI Number** **59-3209722**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**YEE, LISA**  
**620 E MARKS ST**  
**ORLANDO FL 32803**

## 7. Name and Address of New Registered Agent

**Name**

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

**City**

**FL**

**Zip Code**

**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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

**TITLE** **PD** ☐ Delete  
**NAME** **YEE, LISA**  
**STREET ADDRESS** **620 E. MARKS ST.**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** **VPD** ☐ Delete  
**NAME** **FELDMANN, SCOTT**  
**STREET ADDRESS** **620 E. MARKS ST.**  
**CITY-ST-ZIP** **ORLANDO FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing 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 and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

**SCOTT FELDMANN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-7-03 4078727472**

CR2E034 (10/02)