Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90052 011 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071709

1. Corporation Name

MAGIC DOG PRODUCTIONS, INC.

Principal Place of Business Mailing Address						1 1881(188) to (Sitt State Sate Sate Sate Sate Sate Sate S		
C/O KTG8S REGISTERED AGENT CORPORATION ONE INTERNATIONAL PLACE #2900 MIAMI FL 33131 C/O KTG8S REGISTERED AG ONE INTERNATIONAL PLACE MIAMI FL 33131 MIAMI FL 33131					ORATION	DO NOT WRITE IN THIS SPACE		
	****					3. Date ir corporated or Qualifed	\neg	
						09/23/1994		
2. Principa Place of Business	2a	. Mailing Address				4. FEI Number Applied F	or	
21	26					65-0543040 Not Applie	cable	
Suite, Abt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired Secured Fee Required	nal	
City & State		City & State				6. Election Campaign Financing S5.00 May B	e	
23	28	·				Trust Fund Contribution Added to Fees		
	untry	Zip	Cou	ntry		8. This corporation owes the current year Intangible	$\overline{}$	
24 25	29		30			Personal Property Tax. ☐ Yes ☐ No		
<u> </u>	ddress of Current Regis	stered Agent		Ţ		10. Name and Address of New Registered Agent		
NTORS DECISTEDED	ACENT COPPORATIO	NN .		81	Name			
KTG&S REGISTERED AGENT CORPORATION				82	Street Acc	cdress (P.O. Box Number is Not Acceptable)		
ONE INTERNATIONAL PLACE								
STE. 2800 MIAMI FL 33131				83				
MIAMI FL 33131				84	City	85 Zip Code	$\neg \neg$	
						crporation submits this statement for the purpose of changing its register		
agent. I am familiar with, and SIGNATURE	accept the obligations of	, Section 607.0505, Flo	orida Stati	utes		ation's board of cirectors. I hereby accept the appointment as registered at the contract of cirectors. I hereby accept the appointment as registered at the circumstation of cirectors.	_	
	na ne of registered agent and title OFFICERS AND DIRE		13.	Agen	ii signature reqt i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	OF FICERS AND DIRE	DELETE	11 1	TI F			Addition	
NAME ROFFMAN, RICI	HARD	_			į	-		
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NAME TO ISSES	P. Faber		2.2 N/					
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11515			5.2 N					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or pranapatichment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

☐ Change

☐ Addition