

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000034221 (8)

1. Corporation Name

THAT'S MAGIC PRODUCTIONS, INC.



Principal Place of Business

333 N. FALKENBURG ROAD
SUITE A-105
TAMPA FL 33619

Mailing Address

333 N. FALKENBURG ROAD
SUITE A-105
TAMPA FL 33619

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3309063

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGEMANN, CARL E
2327 TIBERGROVE DRIVE
VALRICO FL 33594

81 Name

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

333 N. FALKENBURG RD. A-105

83

84

City

TAMPA

FL

85

Zip Code

33619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Carl E. Hagemann
Signature of person authorized to register agent and that applicable

CARL E. HAGEMANN

(NOTE: Registered Agent Signature required when registering)

April 19, 1996

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
HAGEMANN, CARL E SR
2327 TIMBERGROVE DRIVE
VALRICO FL 33594

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 on an attachment with an address.

SIGNATURE:

Carl E. Hagemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL E. HAGEMANN

4/19/96

813-661-0624
Corporate Phone #

CR2E034 (12/95)