

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90142 031 ***150.00

DOCUMENT # P95000044892

1. Entity Name
MAGIC GAME VENDING, INC.

Principal Place of Business
5115 JEANNINE COURT
ORLANDO FL 32807

Mailing Address
5115 JEANNINE COURT
ORLANDO FL 32807



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6641 LK Emma Rd

3. Mailing Address
6641 LK Emma Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GRAVELAND FL

City & State
GRAVELAND, FL

4. FEI Number
59-3319666

Applied For
 Not Applicable

Zip
34736 Country
USA

Zip
34736 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEEB, GEORGE
5115 JEANNINE CT
ORLANDO FL 32807

Name
Deeb, George
 Street Address (P.O. Box Number is Not Acceptable)
6641 LK Emma Rd
 City
GRAVELAND FL Zip Code
34736

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.

SIGNATURE *Francis E Deeb* DATE 2-15-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DEEB, GEORGE |
| STREET ADDRESS | 5115 JEANNINE COURT |
| CITY-ST-ZIP | ORLANDO FL 32807 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | DEEB, FRANCES |
| STREET ADDRESS | 5115 JEANNINE COURT |
| CITY-ST-ZIP | ORLANDO FL 32807 |
| TITLE | <input type="checkbox"/> Delete |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francis E Deeb* **SIGNATURE REQUIRED** DATE 2-15-02 DAYTIME PHONE # 407-782-3024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)