200	O UNIFORM BUS	INESS REPO	ORT (U	UBR)	
DOCUMENT # P96000013924 1. Entity Name 7				FILED	
\mathcal{M}	agica Multi	nedia, I	NC.	01 MAY 2Z AM 10: 48	
Principal Place of Business 1603 NW 79 th St. Same Miami, FL 33156				SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2. Principal Place of Business		3. Mailing Address		- War	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable	
20)	Country	Zip	Country		
- 0	6. Name and Address of Current	Registered Agent	Nar	7. Name and Address of New Registered Agent Name	
Cari	dad, Walter 3 NW 79th Str	00 t	Street Address (P.O. Box Number is Not Acceptable)		
	11, FL 33156	. . .			
MIAN	11, 12 00.00		City	City FL Zip Code	
8. The above	e named entity submits this statement for	r the purpose of changing its	s registered office	office or registered agent, or both, in the State of Florida.	
SIÇNATURE	Signature 1, peaks pentert nature of registered agent	and title if applicable (NO	IE: Registerea Agenti	gerd signature required when reinstating) DATE	
- fac tiling i	oration is eligible to satisfy its Intangible requirement and elects to do so. Ina on back)	FILE:NOW After MAY 1, 20 Make Check Paya		10. Election Campaign Financing \$5.00 May Be	
11. 11/LF	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	Walter Caridad, 1603 NW 79th St Miani, FL 3312	□ Delete ^~e + •	TITLE NAME STREET ADDR CITY-ST-ZIP	1 1111111111111111111111111111111111111	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	DDRESS Change Addition	
TITLE NAME STREET ADDRESS CITY-SE-ZIP		☐ Defete	TITLE NAME STREET ADDRI CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	1	
THLE THAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		
TITLE NAME STREET ADORESS COTY ST. ZIP		☐ Delete	TITLE NAME STREET ADORE CITY-ST-ZIP		
indicated of the corp	on this report or supplemental report is	true and accurate and that ne wered to execute this report	ny signature sha as required by (ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V5/1/1 1305593 8837

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MAGICA MULTIMEDIA, INC. 1603 NW 79th Street Miami, FL 33156

May 1, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Magica Multimedia, Inc. Document #: P96000013924

Fein: 65-0641127

Gentlemen:

Enclosed please find the Uniformed Business Reports for the years ending 2000 and 2001 for the above referenced entity, along with checks totaling \$300.00 to cover reinstatement fees.

To date, we have not received any documentation regarding filing this report for the prior year or current year. Our mailing address was changed in 1999 and is not reflected on the current Corporations Online Public Inquiry, as per our accountant.

Our address is as follows:

Magica Multimedia, Inc. 1603 NW 79th Street Miami, FL 33126

Please review our file and advise accordingly.

Very truly yours,

Walter Caridad

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