

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000049010 (7)

1. Corporation Name

MAGIC REPORTING, INC.

Principal Place of Business

1100 S DELANEY AVENUE  
STE F-308  
ORLANDO FL 32806

Mailing Address

1100 S DELANEY AVENUE  
STE F-308  
ORLANDO FL 32806

97 SEP -8 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/06/1996  
3a. Date of Last Report N/A

4. FEI Number 59-3383267  
Applied For ☒ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 1309 Delridge St  
Suite, Apt. #, etc.  
22  
City & State  
23 Orlando Florida  
Zip  
24 32804  
Country  
25 Orange

2a. Mailing Address  
26 PO Box 2007  
Suite, Apt. #, etc.  
27  
City & State  
28 Orlando Florida  
Zip  
29 32802  
Country  
30 Orange

10. Name and Address of New Registered Agent

ROSENBLUM, APRIL H  
1100 S DELANEY AVENUE  
STE F-308  
ORLANDO FL 32806

81 Name APRIL H ROSENBLUM  
82 Street Address (P.O. Box Number is Not Acceptable) 1309 DELRIDGE ST  
83  
84 City ORLANDO FL 85 Zip Code 32804

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 APRIL H. ROSENBLUM PRESIDENT 8-29-97  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ROSENBLUM, APRIL H
STREET ADDRESS	1100 S DELANEY AVENUE STE F-308
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	<input type="checkbox"/> DELETE
NAME	PVST ROSENBLUM, APRIL H
STREET ADDRESS	1100 S DELANEY AVENUE STE F-308
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	< SAME
1.3 STREET ADDRESS	1309 DELRIDGE ST
1.4 CITY-ST-ZIP	ORLANDO FL 32804
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	< SAME
2.3 STREET ADDRESS	1309 DELRIDGE ST
2.4 CITY-ST-ZIP	ORLANDO FL 32804
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100002289651-7
3.3 STREET ADDRESS	-09/10/97--01091--018
3.4 CITY-ST-ZIP	***165.00 ***165.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 APRIL H ROSENBLUM PRESIDENT 8-29-97 407 839-0471

CR2E034 (4/97)

# Magic



R E P O R T I N G , I N C .

212  
**APRIL H. ROSENBLOOM**

P.O. BOX 2007, ORLANDO, FL 32802-2007

OFFICE: (407) 648-1899

FAX: (407) 648-0000

ADTHEPAGER: (407) 372-1563

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

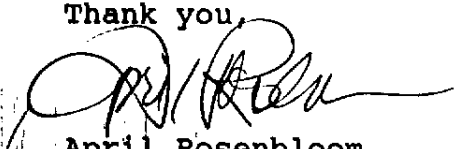
August 29, 1997

To Whom it May Concern:

This is the first notice I have ever received to file my annual report. I am a very small business and I work out of my home. I moved shortly after starting my business and becoming incorporated, but assumed all of my business mail would go to my Post Office Box. I did put in a forwarding address at the Post Office, however, this is the first notice I have ever received from your office. The notice has the correct mailing address on the outside of the envelope, but it indicates my old address on the forms inside.

Upon receipt of this notice, I called your office. The woman on the phone instructed me to write a cover letter explaining the circumstances, include my check for \$165 and mail to you at the beginning of September. I have done these things. Please call me or write me and let me know if I need to do anything else.

Thank you,

  
April Rosenbloom  
Magic Reporting, Inc.