

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

0613952

**DOCUMENT # P96000049010**

1. Entity Name  
**MAGIC REPORTING, INC.**

04-11-2001 90023 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**1438 BELLA VLSTA  
ORLANDO FL 32809  
US**

**1438 BELLA VLSTA  
ORLANDO FL 32809  
US**

2. Principal Place of Business

**1624 Hoffner Avenue**

3. Mailing Address

**PO BOX 2007**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number **59-3383267**

Applied For  
Not Applicable

Zip  
**32809**

Country  
**US**

Zip  
**32802**

Country  
**US**

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

**ROSENBLUM, APRIL H  
1438 BELLE VISTA DRIVE  
ORLANDO FL 32809**

*new add*

Name

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

**1624 Hoffner Avenue**

City

**Orlando**

FL

Zip Code

**32809**

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

Signature, typed or printed name of registered agent and title if applicable.

**APRIL Rosenbloom**

(NOTE: Registered Agent signature required when reinstating)

**4-6-01**

DATE

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROSENBLUM, APRIL H  
1438 BELLE VISTA DRIVE  
ORLANDO FL 32809**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1624 Hoffner Avenue  
Orlando FL 32809**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVST  
ROSENBLUM, APRIL H  
1438 BELLE VISTA DRIVE  
ORLANDO FL 32809**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1624 Hoffner Avenue  
Orlando FL 32809**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL Rosenbloom**

Date

Daytime Phone #

**4-6-01 592-1899**

CR2E034 (10/00)