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Secretary of State

02-26-2004 90015 034 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000049010

1. Entity Name
MAGIC REPORTING, INC.

66407933

Principal Place of Business	Mailing Address
1415 WALTHAM AVENUE ORLANDO, FL 32809 US	1415 WALTHAM AVENUE ORLANDO, FL 32809 US

02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

ROSENBLOOM, APRIL H
1415 WALTHAM AVENUE
ORLANDO, FL 32809

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ APRIL Rosenbloom 3/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSENBLOOM, APRIL H
STREET ADDRESS	1415 WALTHAM AVENUE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	PVST
NAME	ROSENBLOOM, APRIL H
STREET ADDRESS	1415 WALTHAM AVENUE
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ APRIL Rosenbloom 3/16/04 4073832240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #