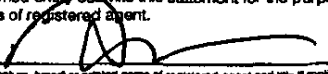
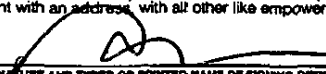


FILED
Mar 26, 2004 8:00 am
Secretary of State

02-26-2004 90015 034 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000049010 1. Entity Name MAGIC REPORTING, INC.		
Principal Place of Business 1415 WALTHAM AVENUE ORLANDO, FL 32809 US		Mailing Address 1415 WALTHAM AVENUE ORLANDO, FL 32809 US
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 59-3383267 Applied For Not Applicable
8. Name and Address of Current Registered Agent ROSENBLUM, APRIL H. 1415 WALTHAM AVENUE ORLANDO, FL 32809		DO NOT WRITE IN THIS SPACE
9. 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 (NOTE: Registered Agent signature required when reinstating)		
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		DO NOT WRITE IN THIS SPACE
TITLE: D NAME: ROSENBLUM, APRIL H STREET ADDRESS: 1415 WALTHAM AVENUE CITY-ST-ZIP: ORLANDO, FL 32809		
TITLE: PVST NAME: ROSENBLUM, APRIL H STREET ADDRESS: 1415 WALTHAM AVENUE CITY-ST-ZIP: ORLANDO, FL 32809		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #		