

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049010

1. Entity Name
MAGIC REPORTING, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90276 049 ***150.00

0100678 AV

Principal Place of Business
1618 HOFFNER AVENUE
ORLANDO FL 32809
US

Mailing Address
PO BOX 2007
ORLANDO FL 32802
US

11032151



2. Principal Place of Business
1415 Waltham Avenue

3. Mailing Address
1415 Waltham Ave

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

Zip
32809

Country
Orange

Zip
32809

Country
Orange

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
1618 HOFFNER AVENUE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name APRIL H. ROSENBLOOM

Street Address (P.O. Box Number is Not Acceptable)
1415 Waltham Avenue

City Orlando FL Zip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE APRIL ROSENBLOOM (NOTE: Registered Agent signature required when reinstating)

DATE 4-30-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLOOM, APRIL H 1618 HOFFNER AVENUE ORLANDO FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ROSENBLOOM, APRIL H 1618 HOFFNER AVENUE ORLANDO FL 32809 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 Waltham Avenue Orlando Florida 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 Waltham Avenue Orlando Florida 32809
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
APRIL H. ROSENBLOOM

DATE 4-30-03 4073832

Daytime Phone #

CR2E034 (10/02)