

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90068 009 ***150.00

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1. Entity Name

MAGIK STUDIOS OF TAMPA BAY INCORPORATED



Principal Place of Business

3251 MORRIS ST N
SUITE D
ST PETERSBURG FL 33713
US

Mailing Address

1000 FRIENDLY WAY SOUTH
ST. PETERSBURG FL 33705

4005044

1st MOORE

CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

712 16th ST. N

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

Zip

33705

Country

USA

Zip

Country

4. FEI Number

59-3467645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACON, DAVID A
2959 FIRST AVENUE NORTH
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2007 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 D ☐ Delete
NAME BURKLEY, LLOYD
STREET ADDRESS 1000 FRIENDLY WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ Delete
NAME BURKLEY, JUDY G
STREET ADDRESS 1000 FRIENDLY WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE D ☐ Delete
NAME BURKLEY, JENNIFER
STREET ADDRESS 1000 FRIENDLY WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

46067727 858-0323