

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90024 007 ***150.00

DOCUMENT # P98000008614

1. Corporation Name
WORLDWIDE MAGIC, INC.

Principal Place of Business
4925 NORTH COUNTY ROAD S.R. 225A
OCALA FL 34482

Mailing Address
4925 NORTH COUNTY ROAD S.R. 225A
OCALA FL 34482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1998

2. Principal Place of Business

21 2400 Sherman Place

Suite, Apt. #, etc.

22

City & State

23 Las Vegas NV

Zip Country

24 89102

25

2a. Mailing Address

26 2400 Sherman Place

Suite, Apt. #, etc.

27

City & State

28 Las Vegas NV

Zip Country

29 89102

30

4. FEI Number

65-0844534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PEEK, DAVID H
1301 RIVERPLACE BLVD. STE. 1609
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SAXE, MELINDA
STREET ADDRESS 4925 NORTH COUNTY ROAD S.R. 225A
CITY-ST-ZIP OCALA FL 34482

TITLE D ☐ DELETE
NAME SAXE, DAVID
STREET ADDRESS 4925 NORTH COUNTY ROAD S.R. 225A
CITY-ST-ZIP OCALA FL 34482

TITLE D ☒ DELETE
NAME ZADRICK, STEPHEN
STREET ADDRESS 4925 NORTH COUNTY ROAD S.R. 225A
CITY-ST-ZIP OCALA FL 34482

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME SAXE, MELINDA
1.3 STREET ADDRESS 2400 Sherman Place
1.4 CITY-ST-ZIP Las Vegas NV 89102

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME SAXE, DAVID
2.3 STREET ADDRESS 2400 Sherman Place
2.4 CITY-ST-ZIP Las Vegas NV 89102

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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 #

4/12/99 702-250-7810

CR2E034 (1/98)

0562249