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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90257 003 \*\*\*150.00

## DOCUMENT # P98000011496

MAGIC FOR MORONS PRODUCTIONS, INC.

Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA BUILDING 2A SUITE 212 ORLANDO FL 32819-7610 Mailing Address

1000 UNIVERSAL STUDIOS PLAZA
BUILDING 2A SUITE 212
ORLANDO FL 32819-7610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

02/05/1998

WHITACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA BUILDING 2A SUITE \$125 ORLANDO FL 32819-7610  11. Pursuant to the provisions of Setsface of Congression	<ol><li>2. Principal Pl</li></ol>	incipal Place of Business   Za. Mailing Address				4. FEI Number	AP	ipiiea rui	
Suite, Apt. ff, etc.    27	24	, · · · · · · · · · · · · · · · · · · ·				59-3507959	No	t Applicable	
City & State   28	Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.							
Zip   Country   Zip   Zi								<u> </u>	
Zip									
28   28   28   30   Personal Property Tax.   Yes   No								o rees	
9. Name and Address of Current Registered Agent  WHITACRE, WILLIAM L 1000 UNIVERSAL STUDIOS PLAZA BUILDING 2A SUITE 23E9 ORANDO FL 32819-7610  11. Pursuant to the provisions of System Aff 2002 and 600 Agent and 100 Agent and 1	Zip	_ ´		<del></del>	<b>,</b>	,		Пыс	
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BUILDING 2A SUITE \$142- ORLANDO FL 32819-7610  11. Pursuant to the provisions of Sections of 3 Secti	WHITACRE, WILLIAM L								
BUILDING 2A SUITE 2829 ORLANDO FL 32819-7610  83 BC D6. 22 A SUITE 250  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 6/7 0502 and 607 7508. Figrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or provision and set of the provisions of Sections 6/7 0502 and 607 7505. Figrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. In first purpose of prints Succeeding was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In first purpose or prints from the state of the purpose of changing its registered segment and the applicable.  84 City FL 850 Section S					82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32819-7610    Strice   Character   Characte	1000				82 0				
11. Pursuant to the provisions of Suches of 100 2016 607 508, Figrida Statutes, the above-name or organization submits this statement for the purpose of changing its registored office or registered agent, or right juerne Stateof Monte, such change was authorized by the corporation's board of directors. I hereby accept the appointment are registered agent, and familiar with, and state the subject of statutes.  SIGNATURE  Signature, the provision of such agent the oblighted agent are stated agent, and familiar with, and state the subject of such agent agent are submitted.  NOTE: Registered by the corporation's board of directors. I hereby accept the appointment are registered agent agent. I am familiar with, and state the subject of the submitted agent agent agent agent. I am familiar with, and state the subject of the submitted agent agent agent agent. I am familiar with, and state agent agent agent agent. I am familiar with, and state agent agent agent agent agent agent agent. I am familiar with, and state agent agent. I am familiar with and state agent agen					BLD6, 22 / SUITE 250				
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SIGNATURE  Signature, typed or printed name of registered agent and told if applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE C OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE WHITACRE, WILLIAM L 12 NAME  STREET ADDRESS 1000 UNIVERSAL STUDIOS PLAZA 13 STREET ADDRESS ORLANDO FL 32819-7610 14 CTV-ST-ZP  TITLE D ORLANDO FL 32819-7610 22 NAME  STREET ADDRESS OTK-ST-ZP  TITLE D ORLANDO FL 32819-7610 24 CTY-ST-ZP  TITLE D ORLANDO FL 32819-7610 24 CTY-ST-ZP  TITLE D ORLANDO FL 32819-7610 32 STREET ADDRESS OFFI- A SO  STREET ADDRESS OFFI- A SO  STREET ADDRESS ORLANDO FL 32819-7610 32 STREET ADDRESS ORLANDO FL 32819-7610 32 STREET ADDRESS OFFI- A SO  STREET ADDRESS ORLANDO FL 32819-7610 41 TITLE  TITLE D ORLANDO FL 32819-7610 32 STREET ADDRESS ORLANDO FL 32819-7610 41 TITLE  NAME STREET ADDRESS ORLANDO FL 32819-7610 50 ELETE 51 TITLE  NAME STREET ADDRESS ORLANDO FL 32819-7610 52 STREET ADDRESS ORLANDO FL 32819-7610 53 STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  NAME STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP-ST-ZP  TITLE D DELETE 51 TITLE  STREET ADDRESS ORLANDO FL 32819-7610 54 CTP	office or r	egistered agent, or both issue State	of Planies Such Shange was all	thorized by	the comoration	on's board of directors. I hereby accept the ap	pointment as re	gistered	
Signature, hyper or printed many of registrated agent and title of applicable.   NOTE: Repetited Agent startifus recurried Many	•	DIF U	100cm		4/14		Cfe		
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14. I hereby certify that the information supplied with this fiting 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 of supplier per large and 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 conjugation of the peciety of truetes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 are present with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 407 W 667

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