

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000071260

Entity Name: NIGHT MAGIC STUDIO, INC.

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

940 SANDLEBURY CT.  
PORT ORANGE, FL 32127

## **New Principal Place of Business:**

## **Current Mailing Address:**

940 SANDLEBURY CT.  
PORT ORANGE, FL 32127

## **New Mailing Address:**

FEI Number: 91-1929697

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GALIARDO, PATRICIA  
940 SANDLEBURY CT.  
PORT ORANGE, FL 32127 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: GALIARDO, PATRICIA  
Address: 940 SANDLEBURY CT.  
City-St-Zip: PORT ORANGE, FL 32127

Title: D  
Name: NERENBERG, PATRICIA M  
Address: 637 OTONO DR.  
City-St-Zip: BOULDER CITY, NV 890053131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA GALIARDO

PRES

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date