

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90014 037 \*\*\*550.00

DOCUMENT # **P98000089270**

1. Corporation Name  
**MAGIC MAKERS, INC.**



Principal Place of Business  
**6169 RALEIGH ST. #1608  
ORLANDO FL 32835**

Mailing Address  
**6169 RALEIGH ST. #1608  
ORLANDO FL 32835**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **6300 Hazeltine National Dr.**  
Suite, Apt. #, etc. **Suite 104**  
22 **Orlando FL**  
City & State  
23 **32822** **USA**  
Zip Country  
24 **32861** **USA**  
Zip Country

2a. Mailing Address  
26 **P.O. Box 616897**  
Suite, Apt. #, etc.  
27 **Orlando FL**  
City & State  
28 **32861** **USA**  
Zip Country  
29 **32861** **USA**  
Zip Country

3. Date Incorporated or Qualified  
**10/19/1998**  
4. FEI Number  
**36-4302992**  
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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STIFF, ROBERT**  
**6169 RALEIGH ST. #1608**  
**ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name **Robert Stiff**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **6300 Hazeltine National Drive Suite 104**  
84 City **Orlando** **FL** 85 Zip Code **32822**

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

(NOT: Registered Agent signature required when reinstating)

DATE **9-13-99**

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Robert Stiff</b>	
STREET ADDRESS	<b>6300 Hazeltine National Drive Suite 104</b>	
CITY-ST-ZIP	<b>Orlando, FL 32822</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Robert Stiff</b>	
1.3 STREET ADDRESS	<b>6300 Hazeltine National Drive Suite 104</b>	
1.4 CITY-ST-ZIP	<b>Orlando, FL 32822</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **Robert Stiff**  
Signature, typed or printed name of signing officer or director

**9-13-99/407-816-8600**  
Date Daytime Phone #

CR2E034 (5/99)