

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90194 018 \*\*\*150.00

**DOCUMENT # P98000089270**

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

Principal Place of Business  
**6300 HAZELTINE NATIONAL DRIVE  
 SUITE 104  
 ORLANDO FL 32822  
 US**

Mailing Address  
**P.O. BOX 616897  
 ORLANDO FL 32861  
 US**

000783



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7454 Brokerage Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7454 Brokerage Drive**  
 Suite, Apt. #, etc.

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

4. FEI Number **36-4302992**

Applied For  
 Not Applicable

Zip Country  
**32809 USA**

Zip Country  
**32809 USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STIFF, ROBERT  
 6300 HAZELTINE NATIONAL DRIVE  
 SUITE 104  
 ORLANDO FL 32822**

Name **Robert Stiff**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7454 Brokerage Drive**  
**Orlando, FL 32809**  
 City **Orlando** FL Zip Code **32809**

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.

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

(NOTE: Registered Agent signature required when reinstating)

**04/30/01**  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
 NAME **STIFF, ROBERT**  
 STREET ADDRESS **6300 HAZELTINE NAT'L DR, STE 104**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Change ☐ Addition  
 NAME **Robert Stiff President**  
 STREET ADDRESS **7454 Brokerage Drive**  
 CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

13. 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 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 11 or Block 12 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

**04/30/01** **407-816-8600**  
 Date Daytime Phone #

CR2E034 (10/00)