

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90024 009 ***150.00

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DOCUMENT # P98000089270

1. Entity Name
MAGIC MAKERS, INC.

Principal Place of Business
7454 BOOKERAGE DRIVE
ORLANDO FL 32809
US

Mailing Address
7454 BOOKERAGE DRIVE
ORLANDO FL 32809
US



2. Principal Place of Business
2716 Rew Circle

3. Mailing Address
2716 Rew Circle

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.
Suite 101

City & State
Ocoee FL

City & State
Ocoee FL

4. FEI Number **36-4302992**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **34761** Country **USA**

Zip **34761** Country **USA**

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

6. Name and Address of Current Registered Agent

STIFF, ROBERT
7454 BOOKERAGE DRIVE
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name **Robert Stiff**
 Street Address (P.O. Box Number is Not Acceptable)
2716 Rew Circle Suite 101
Ocoee, FL 34761
 City **Ocoee** **FL** Zip Code **34761**

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 **Robert Stiff** DATE **Apr 12/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STIFF, ROBERT 7454 BOOKERAGE DRIVE ORLANDO FL 32809 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Stiff, Robert 2716 Rew Circle Suite 101 Ocoee, FL 34761 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

Robert Stiff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/2

Date

407-905-9557

Daytime Phone #

CR2E034 (9/01)