

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90059 043 \*\*\*150.00

**DOCUMENT # P99000006969**

1. Entity Name

**DISC MAGIC, INC.**



Principal Place of Business  
**960 NORTHLAKE RD., SUITE A  
LAKE PARK FL 33403**

Mailing Address  
**960 NORTHLAKE RD., SUITE A  
LAKE PARK FL 33403**

2. Principal Place of Business

3. Mailing Address

**5270 DESERT VIXEN RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM BCH GDNS FL**

Zip

Country

Zip

Country

**33418**

**USA**

4. FEI Number

**65-0890587**

Applied For

Not Applicable

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

**SAX, DAVID A  
5270 DESERT VIXEN ROAD  
PALM BEACH GARDENS FL 33418**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SAX, DAVID A**  
STREET ADDRESS **5270 DESERT VIXEN ROAD**  
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

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

TITLE **D** ☐ Delete  
NAME **SAX, BONNIE L**  
STREET ADDRESS **5270 DESERT VIXEN ROAD**  
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID A. SAX**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/03**

Date

**561 327 5049**

Daytime Phone #

0376863 AV

CR2E034 (10/02)