

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V05874

FILED  
Jan 22, 2004  
Secretary of State

Entity Name: LEARNING RESOURCES TOY MAGIC, INC.

## Current Principal Place of Business:

10 WALTER MARTIN  
FT WALTON BEACH, FL 32548

## New Principal Place of Business:

## Current Mailing Address:

10 WALTER MARTIN  
FT WALTON BEACH, FL 32548

## New Mailing Address:

FEI Number: 59-3103220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACK, FAYE F.  
10 WALTER MARTIN  
FT WALTON BEACH, FL 32548 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: DP ( ) Delete  
Name: BLACK, FAYE F,  
Address: 10 WALTER MARTIN 3  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DV ( ) Delete  
Name: BORTHWICK, ROBIN R,  
Address: 10 WALTER MARTIN  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: DST ( ) Delete  
Name: BLACK, JEREMIAH C,  
Address: 10 WALTER MARTIN  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D ( ) Delete  
Name: BORTHWICK, JESSE O,  
Address: 10 WALTER MARTIN  
City-St-Zip: FT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BLACK, FAYE F,  
Address: 10 WALTER MARTIN  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FAYE F. BLACK

DP

01/22/2004

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

\_\_\_\_\_  
Date