Mailing Address

200 EAST ROBINSON STREET



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V72861**

1. Corporation Name

Principal Place of Business 200 EAST ROBINSON STREET

MAGIC WORLD TOURS, INC.

ORLANDO FL 32801 DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 10/19/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number		Œ	
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number			
		Ap	plied For
21 58-2021112		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired			dditional
22 27	F	ee Re	quired
City & State City & State 6. Election Campaign Financing			May Be
28 Trust Fund Contribution			o Fees
Zip Country Zip Country 8. This corporation owes the current year Int			
24 25 29 30 Personal Property Tax.	X Ye		□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name	Agent		
FLORIDA CORPORATE SUPPORT INC			
200 EAST ROBINSON STREET 82 Street Address (P.O. Box Number is Not Acceptable)			
: SUITE 500			
ORLANDO FL 32801			_
84 City FL	85	Zip (ode
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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 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 appoint	ntment	as re	jistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

DELETE

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of 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, with all other like empowered.

Change

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90089 023 ***150.00

Addition