2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000006028

FILED Feb 24, 2005 Secretary of State

Entity Name: MAGIX COMPUTER PRODUCTS INTERNATIONAL CO. **Current Principal Place of Business: New Principal Place of Business:** 600 NEIL ROAD 6100 NEIL ROAD ST 500 ST 500 RENO, NV 89511 RENO, NV 89511 **Current Mailing Address: New Mailing Address:** 1680 MICHIGAN AVENUE, #900 MIAMI BEACH, FL 33139 FEI Number: 86-0863410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NIERMANN, MICHAEL AUVIL, JOHN 1680 MICHIGAN AVENUE, #900 1680 MICHIGAN AVENUE, #900 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 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: JOHN AUVIL 02/24/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition Name: REIN, ERHARD Name: 1680 MICHIGAN AVENUE, #900 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: SD Title: () Delete (X) Change () Addition NIERMANN, MICHAEL Name: Name: REIN. ERHARD 2495 SW 19TH TERRACE 1680 MICHIGAN AVENUE, #900 Address: Address: MIAMI, FL 33145 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition REIN, ERHARD Name: Name: 1680 MICHIGAN AVENUE, #900 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 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: ERHARD REIN **PCD** 02/24/2005