

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005618

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: MAGICAL CRUISE COMPANY, LIMITED

## Current Principal Place of Business:

3 QUEEN CAROLINE ST  
HAMMERSMITH  
LONDON, ENGLAND, UK W6 9PE

## New Principal Place of Business:

## Current Mailing Address:

500 S BUENA VISTA ST  
BURBANK, CA 915210105

## New Mailing Address:

FEI Number: 59-3403765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, JEFFREY H  
1375 BUENA VISTA DRIVE  
4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 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: D ( ) Delete  
Name: MCALPIN, THOMAS M  
Address: 210 CELEBRATION PLACE  
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete  
Name: HEANEY, JAMES M  
Address: 210 CELEBRATION PLACE  
City-St-Zip: KISSIMMEE, FL 34747

Title: SD ( ) Delete  
Name: WILEY, PETER L  
Address: 3 CAROLINE STREET/HAMMERSMITH  
City-St-Zip: LONDON, ENGLAND, UK W6 9PE UK

Title: D ( ) Delete  
Name: SMITH, JEFFREY H  
Address: 1375 BUENA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32830

Title: D (X) Delete  
Name: WEISS, ALLEN R  
Address: 1375 BUENA VISTA DRIVE  
City-St-Zip: ORLANDO, FL 32830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HOLZ, KARL L  
Address: 210 CELEBRATION PLACE  
City-St-Zip: KISSIMMEE, FL 34747

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

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

Title: D (X) Change ( ) Addition  
Name: JAMES, JEFFREY P  
Address: 210 CELEBRATION PLACE  
City-St-Zip: KISSIMMEE, FL 34747

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KARL L. HOLZ

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date