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Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005618 (1)

1. Corporation Name

MAGICAL CRUISE COMPANY, LIMITED



Principal Place of Business

THEODORE GODDARD  
180 ALDERSGATE STREET  
LONDON. EC1A4EJ UK  
OC

Mailing Address

500 S. BUENA VISTA ST.  
BURBANK CA 91521-0586  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

4. FEI Number

59-3403765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3 Queen Caroline Street

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Hammersmith

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 London, England

City & State

28 City & State

Zip

24 W69PE

Country

25 UK

Zip

29

Country

30

9. Name and Address of Current Registered Agent

IOPPOLO, FRANK S  
1375 BUENA VISTA DR, 4TH FLOOR NORTH  
LAKE BUENA VISTA FL 32830

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DAVIES, SALLY  
STREET ADDRESS BEAUMONT HOUSE/KENSINGTON VILLAGE  
CITY-ST-ZIP LONDON W14 8TS ENGLAND

TITLE D ☐ DELETE

NAME DALTIER, STUART R  
STREET ADDRESS BEAUMONT HOUSE/KENSINGTON VILLAGE  
CITY-ST-ZIP LONDON W14 8TS ENGLAND

TITLE 8D ☐ DELETE

NAME SMITH, JEFFREY H  
STREET ADDRESS 1375 BUENA VISTA DR  
CITY-ST-ZIP LAKE BUENA VISTA FL 32830

TITLE PD ☐ DELETE

NAME RODNEY, ARTHUR A  
STREET ADDRESS 210 CELEBRATION PLACE, SUITE 400  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE VT ☐ DELETE

NAME MCALPIN, THOMAS  
STREET ADDRESS 210 CELEBRATION PLACE  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE AS ☐ DELETE

NAME REED, MARSHA L  
STREET ADDRESS 500 S. BUENA VISTA ST.  
CITY-ST-ZIP BURBANK CA 91521

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental 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 or 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.

CR2E034 (10/97)

4-2-98 (818) 560-1000