

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000005618

**Entity Name:** MAGICAL CRUISE COMPANY, LIMITED**Current Principal Place of Business:**3 QUEEN CAROLINE STREET  
HAMMERSMITH  
LONDON, W6 9PE**Current Mailing Address:**500 S BUENA VISTA ST  
BURBANK, CA 91521-0105**FEI Number:** 59-3403765**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Officer/Director Detail :**

Title DIRECTOR  
Name LONDONO, DIEGO FERNANDO  
Address 3 QUEEN CAROLINE STREET  
HAMMERSMITH  
City-State-Zip: LONDON W6 9PE

Title DIRECTOR  
Name FILIPPATOS, JAMES  
Address 3 QUEEN CAROLINE STREET  
HAMMERSMITH  
City-State-Zip: LONDON W6 9PE

Title DIRECTOR  
Name MAZLOUM, THOMAS  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name DONALDSON, DAYNA C  
Address 3 QUEEN CAROLINE STREET  
HAMMERSMITH  
City-State-Zip: LONDON W6 9PE

Title DIRECTOR  
Name SWETS, EGBERT  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name KONSTANZ, STEVEN L  
Address 3 QUEEN CAROLINE STREET  
HAMMERSMITH  
City-State-Zip: LONDON W6 9PE

Title DIRECTOR  
Name PHILLIPS, AMY  
Address 3 QUEEN CAROLINE STREET  
HAMMERSMITH  
City-State-Zip: LONDON W6 9PE

Title DIRECTOR  
Name FOX, SARAH M  
Address 3 QUEEN CAROLINE STREET  
HAMMERSMITH  
City-State-Zip: LONDON W6 9PE

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*I hereby 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 all other like empowered.*

**SIGNATURE:** EGBERT SWETS

DIRECTOR

04/12/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 SISKIE, SHARON D  
Address             210 CELEBRATION PLACE  
City-State-Zip:    CELEBRATION FL 34747

Title                   DIRECTOR  
Name                 WILSON, TRACY L  
Address             210 CELEBRATION PLACE  
City-State-Zip:    CELEBRATION FL 34747