

**2024 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 STREET  
BURBANK, CA 91521 US**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 SISKIE, SHARON D  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

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

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

**Continues on page 2**

*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

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	FARES, DAVID A.
Address	500 S. BUENA VISTA STREET
City-State-Zip:	BURBANK CA 91521