

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005618

1. Entity Name

MAGICAL CRUISE COMPANY, LIMITED

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90027 005 \*\*\*150.00

Principal Place of Business

Mailing Address

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

500 S. BUENA VISTA ST.  
BURBANK CA 91521-0001  
US

2. Principal Place of Business

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BURBANK, CA

4. FEI Number

59-3403765

Applied For

Not Applicable

Zip

Country

Zip

Country

91521-0586

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
NAME S WILEY, PETER L.  
STREET ADDRESS 3 QUEEN CAROLINE STREET  
CITY-ST-ZIP HAMMERSMITH, LONDON W69PE ENGLAND

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

TITLE ☐ Change ☒ Addition  
NAME PD QUINET, MATTHEW A.  
STREET ADDRESS 210 CELEBRATION PLACE  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE ☐ Delete  
NAME VTD MCALPIN, THOMAS  
STREET ADDRESS 210 CELEBRATION PLACE  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

(818) 560-1000

Daytime Phone #

CR2E034 (9/99)