

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91522 045 \*\*\*150.00

**DOCUMENT #** F96000005618

1. Entity Name

MAGICAL CRUISE COMPANY, LIMITED



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3 QUEEN CAROLINE STREET

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAMMERSMITH, LONDON, ENGLAND

City & State

BURBANK, CA

4. FEI Number

59=3403765

Applied For

Not Applicable

Zip

W6 9PE

Country

UK

Zip

91521-0586

Country

US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SMITH, JEFFREY.H.

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

1375 BUENA VISTA DRIVE

4TH FLOOR NORTH

City

LAKE BUENA VISTA

FL

Zip Code  
32830

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | PD  |
| NAME           | OUMET, MATTHEW A.                           |
| STREET ADDRESS | 210 CELEBRATION PLACE                       |
| CITY-ST-ZIP    | CELEBRATION, FL 34747                       |
| TITLE          | SD  |
| NAME           | WILEY, PETER L.                             |
| STREET ADDRESS | 3 CAROLINE STREET                           |
| CITY-ST-ZIP    | HAMMERSMITH, LONDON, ENGLAND W6 9PE         |
| TITLE          | AS  |
| NAME           | REED, MARSHA L.                             |
| STREET ADDRESS | 500 SOUTH BUENA VISTA STREET                |
| CITY-ST-ZIP    | BURBANK, CA 91521                           |
| TITLE          | D   |
| NAME           | SALTER, STUART R.                           |
| STREET ADDRESS | BEAUMONT HOUSE                              |
| CITY-ST-ZIP    | KENSINGTON VILLAGE, LONDON, ENGLAND W14 8TS |
| TITLE          | D   |
| NAME           | SMITH, JEFFREY.H.                           |
| STREET ADDRESS | 1375 BUENA VISTA DRIVE                      |
| CITY-ST-ZIP    | LAKE BUENA VISTA, FL 32830                  |
| TITLE          | D   |
| NAME           | WEISS, ALLEN R.                             |
| STREET ADDRESS | 1375 BUENA VISTA DRIVE                      |
| CITY-ST-ZIP    | LAKE BUENA VISTA, FL 32830                  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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IN THIS SPACE**

12. 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 10 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

03/05/03

Date

(818) 560-1000

Daytime Phone #

CR2E034B (12/02)