FOR PROFIT CORPORATION / UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

F96000005618

1. Entity Name

MAGICAL CRUISE COMPANY; LIMITED



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

04-28-2003 91522 045 ***150.00

			GO WE IN			
	DO NOT WRITE	IN THIS S	PACE			
			en 1975 - Henri Berlin, de la companya di Personalia. Ny INSEE dia mampiasa ny kaominina dia mampiasa ny kaominina dia mampiasa ny kaominina dia mpikambana amin'ny Ny INSEE dia mampiasa ny kaominina dia mandritry ny kaominina dia mpikambana ny kaominina dia mpikambana amin'n			
	lace of Business	3. Mailing Address	NA WICTA CEDEET			
3 QUEEN CAROLINE STREET Suite, Apt. #, etc.		Suite, Apt. #, etc.	NA VISTA STREET	DO NO	T WRITE IN THIS SE	PACE
oute, Apr		Conto, ripini, cio.		DONO		A0E
City & State HAMMERSMITH, LONDON, ENGLAND		City & State BURBANK, CA		4. FEI Number 59=34	4. FEI Number 59=3403765	
W6 9PE	Country UK	Zip 91521-0586	Country US	5. Certificate of Status Des	F	8.75 Additional ee Required
			Name	7. Name and Address of C	urrent Registered	Agent
	DO NOT W	DITE	SMIT	H; JEFFREY H.		
A TOWN OF THE	DO NOT W	and the second of the second o	Street Address 1375	Street Address (P.O. Box Number is Not Acceptable) 1375 BUENA VISTA DRIVE		
	IN THIS SE	PACE		FLOOR NORTH		
			City			Zin Code
			Lichtbrack Haute, Lichtbrach	BUENA VISTA	<u>FL</u>	^{Zip, Code} 32830
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts registered office or reg	istered agent, or both, in the State	e of Florida. I am far	niliar with, and accept
Ü	•					
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature re	quired when reinstating)	DATE	
	nuary 1 - May 1 Fee is \$150.00					
After May 1, Fee is \$550.00 Amended UBR is \$61,25				Election Campa Trust Fund Conti	• • • —	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department o	f State				713263 to 7 666
10.	OFFICERS AND	DIRECTORS	destillation to the second second second		THE PART OF THE PA	
TITLE NAME	OUIMET, MATTHEW A.:		TITLE NAME	and the second s	Alpha garanta da ana	
STREET ADDRESS			STREET ADDRESS	and the second of the second o		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP			A CHARLES OF A CHARLES
TITLE	SD		TILE	the state of the s		
NAME	WILEY, PETER L.		NAME	e de la companya del companya de la companya de la companya del companya de la companya del la companya de la c	The state of the s	en e
STREET ADDRESS CITY-ST-ZIP	3 CAROLINE STREET		STREET ADDRESS			
TITLE	HAMMERSMITH LONDON EN	GLAND W6 9PE	TITLE			
NAME	REED, MARSHA L.		NAME		Mind with the	2. 14. 公债下海
STREET ADDRESS			STREET ADDRESS	אר סיי	T WDIT	r e
CITY-ST-ZIP	BURBANK, CA 91521		CITY-ST-ZIP)T WRIT	
TITLE	D		TITLE State	MTH.	S SPAC	E AND
name Street address	SALTER, STUART R.		NAME. STREET ADDRESS			
CITY-ST-ZIP	BEAUMONT HOUSE KENSINGTON VILLAGE, LONDON, ENGLAND W14 8		CITY OT 7th	The state of the s		
TITLE	D	DON; ENGLAND WIT (TITLE			· · · · · · · · · · · · · · · · · · ·
NAME	SMITH, JEFFREY.H.		NAME	and the second of the second o		
STREET ADDRESS 1375 BUENA VISTA DRIVE		STREET ADDRESS		The second secon	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	LAKE BUENA VISTA; FL 32	2830	C/TY-ST-ZIP		The later Park to State of the later	
TITLE NAME	D: METSS ALLEN D		NAME.	The second secon	* -	r , war radio er i
STREET ADDRESS	WEISS, ALLEN R. 1375 BUENA VISTA DRIVE		STREET ADDRESS	Programme Commence of the Comm	San	and the same of th
4	TOLO DOPING LIGHT DUTIE		■ 能力加工工具 2年 新史書館建設計算表。 "		SAME OF THE PROPERTY OF THE PARTY OF THE PAR	一 一

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.

CITY-ST-ZIP

SIGNATURE: MARSHA L. REED

LAKE BUENA VISTA, FL 32830

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/03

Date

(818) 560-1000

Daytime Phone #

K2F034B (12/0