


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0400000716

1. Entity Name
MMA SUCCESSOR I, INC.



Principal Place of Business
**621 E. PRATT ST, 3RD FLOOR
BALTIMORE, MD 21202**

Mailing Address
**621 E. PRATT ST, 3RD FLOOR
BALTIMORE, MD 21202**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.


City & State
City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

FILED
06 JAN 31 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192005 REIN-P CR2E098 (6/04)

4. FEI Number
52-2182420

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

SIGNATURE: *Connie Bryan* DATE: 1/27/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

500061550785
02/10/06--01076--014 **150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOSEPH, MARK K 621 E. PRATT ST, STE 300 BALTIMORE, MD 21202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALCONE, MICHAEL L 621 E. PRATT ST, STE 300 BALTIMORE, MD 21202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HARRISON, WILLIAM S 621 E. PRATT ST, STE 300 BALTIMORE, MD 21202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARONE, ANGIE 621 E. PRATT ST, STE 300 BALTIMORE, MD 21202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061550785 11/18/05--01050--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500061550785 02/10/06--01076--013 **500.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 05-06

7 01076 JAN 31 2006

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

SIGNATURE: *Mark Joseph* DATE: 10/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #