

Document Number

FO00000001035

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
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Attn: Jeff Netherton

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-02/25/00--01054--011
*****70.00 *****70.00

CORPORATION(S) NAME

BlackVoices.com, Inc.

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

00 FEB 25 PM 2:55

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

02/25/00

TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

00 FEB 25 AM 11:59

RECEIVED

2/25/00

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. BlackVoices.com, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 36-4326069

(FEI number, if applicable)

4. November 4, 1999

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon filing

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 435 North Michigan Avenue

Chicago, Illinois 60611

(Current mailing address)

8. Any purpose or purposes for which a corporation may be qualified to transact business under the Florida General Corporation Act.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

James M. Halperin
(Registered agent's signature)

James M. Halperin, Asst Secy.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See Attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Barry Cooper

Address: 435 North Michigan Avenue
Chicago, Illinois 60611

Vice President: Carlos Barrionuevo

Address: 435 North Michigan Avenue
Chicago, Illinois 60611

Secretary: Crane H. Kenney

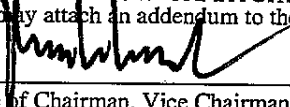
Address: 435 North Michigan Avenue
Chicago, Illinois 60611

Treasurer: Brigid Kenney

Address: 435 North Michigan Avenue
Chicago, Illinois 60611

CONTINUED ON ATTACHMENT

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Mark W. Hianik, Assistant Secretary
(Typed or printed name and capacity of person signing application)

ATTACHMENT

**Application for a Certificate of Authority
to Transact Business in Florida**

12. Names and addresses of officers and/or directors - continued

DIRECTORS

Name	Business Address
Barry Cooper	435 North Michigan Avenue Chicago, Illinois 60611
David Hiller	435 North Michigan Avenue Chicago, Illinois 60611
Fred Hunter	435 North Michigan Avenue Chicago, Illinois 60611
Brigid Kenney	435 North Michigan Avenue Chicago, Illinois 60611
Andrew Oleszczuk	435 North Michigan Avenue Chicago, Illinois 60611

OFFICERS

Mark W. Hianik, Assistant Secretary	435 North Michigan Avenue Chicago, Illinois 60611
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