


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000000716 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 52-2182420		
Signature: <u>Connie Bryan</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	500061550785 11/18/05--01050--008 **150.00
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	500061550785 02/10/06--01076--013 **500.00
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	REINSTATEMENT 05-06 7 01/18/06 JAN 31
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>MMA Successor I</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10/19/05 <small>Date</small>		

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



10192005 REIN-P CR2E098 (6/04)

Applied For
Not Applicable

FL Zip Code

1/27/2006
DATE

500061550785
02/10/06--01076--013 **500.00

REINSTATEMENT 05-06
7 01/18/06 JAN 31