

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
05 JUN 21 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/27/05 JUN 21 2005



06202005 No Chg-P CR2E034 (10/03)

DOCUMENT # K22808

1. Entity Name
MMA EQUITY CORPORATION



Principal Place of Business
**33 NORTH GARDEN AVENUE
SUITE 1200
CLEARWATER, FL 33755 US**

Mailing Address
**621 EAST PRATT STREET
SUITE 300
BALTIMORE, MD 21202 US**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892516

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

200056525712

06/27/05--01004--009 **8.75

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

200056525712
06/27/05--01004--008 **550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOSEPH, MARK
621 EAST PRATT STREET, SUITE 300
BALTIMORE, MD 21202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FALCONE, MICHAEL
621 EAST PRATT STREET
BALTIMORE, MD 21202**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Michael Fabone **6-20-05**