
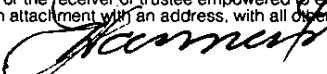


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90121 003 \*\*\*\*61.25

<b>DOCUMENT # N07000006595</b>					
1. Entity Name 36TH STREET MASTER ASSOCIATION, INC.					
Principal Place of Business 4000 NORTH FEDERAL HIGHWAY SUITE 206 BOCA RATON, FL 33431			Mailing Address 4000 NORTH FEDERAL HIGHWAY SUITE 206 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1000 OMNI BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State NEWPORT NEWS, VA		4. FEI Number 20-0481700	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 23606		Country			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPCO, INC. 2699 S BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, JONATHAN E	NAME			
STREET ADDRESS	9220 SUNSET BLVD SUITE 112	STREET ADDRESS			
CITY-ST-ZIP	WEST HOLLYWOOD, CA 90069	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, JASON	NAME			
STREET ADDRESS	9220 SUNSET BLVD SUITE 112	STREET ADDRESS			
CITY-ST-ZIP	WEST HOLLYWOOD, CA 90069	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ECONOMOS, NICHOLAS SR	NAME			
STREET ADDRESS	4000 NORTH FEDERAL HIGHWAY SUITE 206	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ECONOMOS, DAN	NAME			
STREET ADDRESS	4000 NORTH FEDERAL HIGHWAY SUITE 206	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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 		NICK ECONOMOS		04/21/2008 (757) 591-3519	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	