

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009025

FILED
Jul 06, 2009
Secretary of State

Entity Name: BLACK BOX COLLECTIVE, INC.

Current Principal Place of Business:

630 W. CENTRAL BLVD
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

2390 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARKESON, BENJAMIN B
2390 S. ORANGE BLOSSOM TRAIL
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COX, DANIEL
Address: 2945 S. DELANEY ST.
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: ENCINIAS, MARCOS
Address: 1419 ARLINGTON ST.
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: ESTES, ALLISON
Address: 2111 WEBER ST.
City-St-Zip: ORLANDO, FL 32803

Title: D () Delete
Name: GIRALT, JONATHAN
Address: 4422 IRONSTONE CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D (X) Delete
Name: PINA, JORGE A JR.
Address: 1209 WINTERGREEN WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: SMITH, KERI
Address: 707 PALMER ST., APT. A
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDOLLO, GIO
Address: 325 ADRIENNE DR
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: CAPLAN, RACHELLE A
Address: 95 DOREL CT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change () Addition
Name: RANDALL, TONY
Address: 7925 SLOOP PLACE, APT 108
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: PINA, JORGE A JR.
Address: 1209 WINTERGREEN WAY
City-St-Zip: WINTER GARDEN, FL 32787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN B MARKESON

RA

07/06/2009

Electronic Signature of Signing Officer or Director

Date