

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42073

FILED
Jan 09, 2008
Secretary of State

Entity Name: BLACK MEDIA WORKS, INC.

Current Principal Place of Business:

1150 W. KING ST.
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1150 W. KING ST.
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3109336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASSIS, RAYMOND A
1150 WEST KING ST
COCOA, FL 32922 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: DV () Delete
Name: LIAN, JOSEPHINE A.,
Address: 511 8TH AVE.
City-St-Zip: BROOKLYN, NY

Title: DCM () Delete
Name: KASSIS, RAYMOND A,
Address: 78 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL 32931

Title: DST () Delete
Name: FOX, NONIE L,
Address: 745 WHITE PINE AVE
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: AZRAK, AGNES,
Address: 511 8TH AVE.
City-St-Zip: BROOKLYN, NY

Title: DP () Delete
Name: KASSIS, KIMBERLY HOLMA
Address: 78 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: LIAN, JOSEPHINE A.,
Address: 511 8TH AVE.
City-St-Zip: BROOKLYN, NY 11215

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

Title: DST (X) Change () Addition
Name: FOX, NONIE L,
Address: 1150 WEST KING STREET
City-St-Zip: COCOA, FL 32922

Title: D (X) Change () Addition
Name: AZRAK, AGNES,
Address: 511 8TH AVE.
City-St-Zip: BROOKLYN, NY 11215

Title: DP (X) Change () Addition
Name: KASSIS, KIMBERLY HOLMA
Address: 78 COUNTRY CLUB RD
City-St-Zip: COCOA BEACH, FL 32931

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: RAYMOND A. KASSIS

DCM

01/09/2008

Electronic Signature of Signing Officer or Director

Date