2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 09, 2008
Secretary of State

DOCUMENT# N99000006980

Entity Name: THE BLACK STALLION LITERACY FOUNDATION, INC.

Current Principal Place of Business:

3081 ARABIAN NIGHTS BLVD.
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

6225 WEST BRONSON HIGHWAY
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 59-3654968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, MARK M
3081 ARABIAN NIGHTS BLVD.
KISSIMMEE, FL 34747 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: C ( ) Delete
Name: MILLER, MARK M
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

Title: VC ( ) Delete
Name: FARLEY, TIMOTHY
Address: 3081 ARABIAN NIGHTS BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: ST ( ) Delete
Name: MILLER, DEIDRE
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

Title: D ( ) Delete
Name: HARTSELL, JULIANNE
Address: 2825 FOREST HILLS DR
City-St-Zip: FLAGSTAFF, AZ 86001

Title: D ( ) Delete
Name: SCOTT, LOUISE
Address: 3148 KYLE LOOP
City-St-Zip: FLAGSTAFF, AZ 86004

Title: D ( ) Delete
Name: RUBIN, BURT
Address: 980 FIFTH AVENUE
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MILLER, MARK M
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

Title: DVP (X) Change ( ) Addition
Name: FARLEY, TIMOTHY
Address: 3081 ARABIAN NIGHTS BLVD
City-St-Zip: KISSIMMEE, FL 34747

Title: T (X) Change ( ) Addition
Name: MILLER, DEIDRE
Address: 3081 ARABIAN NIGHTS BLVD.
City-St-Zip: KISSIMMEE, FL 34747

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

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: MARK MILLER P 09/09/2008

Electronic Signature of Signing Officer or Director — Date