

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90407 032 ***150.00

DOCUMENT # P00000017416

1. Entity Name

BlackFLORIDIAN.COM, INC.

Principal Place of Business

Mailing Address

4877 LAKE Cecile Dr.
 Kissimmee FL
 34746

2. Principal Place of Business

3. Mailing Address

741 Front Street

4877 LAKE Cecile Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

320

City & State

City & State

Celebration FL

Kissimmee FL

Zip

Country

Zip

Country

34747

USA

34746

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Martin E. Terrico
 4877 LAKE Cecile Dr
 Kissimmee FL 34746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME TERRICO, MARTIN E
 STREET ADDRESS 4877 LAKE Cecile Dr
 CITY-ST-ZIP Kissimmee FL 34746

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME SINENO, Joseph Jr.
 STREET ADDRESS 301 East LAKE Road
 CITY-ST-ZIP PALM HARBOR FL 34685

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME BUONCAVELLO Sonny
 STREET ADDRESS 500 Celebration Ave
 CITY-ST-ZIP Celebration Florida 34747

TITLE D
 NAME BUONCAVELLO, Sonny
 STREET ADDRESS 815 SPRING PARK Loop
 CITY-ST-ZIP Celebration Florida 34747

TITLE D
 NAME O'BRIAN, DEAN
 STREET ADDRESS 346 North Volusia Ave.
 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin E Terrico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 (407) 908-0009

CR2E034 (11/00)