


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91870 030 ***150.00

DOCUMENT # P01000053707

1. Entity Name
MLB VENTURES, INC.



Principal Place of Business
**724 NW 101ST TERRACE
PLANTATION, FL 33204**

Mailing Address
**724 NW 101ST TERRACE
PLANTATION, FL 33204**

2. Principal Place of Business
724 NW 101st Terrace
Suite, Apt. #, etc.

3. Mailing Address
724 NW 101st Terrace
Suite, Apt. #, etc.

City & State
Plantation, FL

City & State
Plantation, FL

Zip Country
33324 U.S.

Zip Country
33324 U.S.



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BLUMBERG, MICHAEL L
724 NW 101ST TERRACE
PLANTATION, FL 33204**

7. Name and Address of New Registered Agent
Name
Blumberg, Michael L.
Street Address (P.O. Box Number is Not Acceptable)
724 NW 101st Terrace
City
Plantation **FL** Zip Code
33324

4. FEI Number
74-3003487

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required


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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when signing)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUMBERG, MICHAEL L 724 NW 101ST TERRACE PLANTATION, FL 33204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blumberg, Michael L. 724 NW 101st Terrace Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **4-30-03 954.926-4328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CR2E034 (10/02)