

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009820

Entity Name: BLACK STAGE, INC.

FILED
Jul 28, 2009
Secretary of State

Current Principal Place of Business:

8538 S.E. RETREAT DR.
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

C/O MICHAEL REEVES ASSOCIATES
224 WEST 3RD ST. #1006
NEW YORK, NY 10001 US

New Mailing Address:

FEI Number: 03-0553461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, PAUL
8538 S.E. RETREAT DR.
HOBE SOUND, FL 33455 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLY, PAUL
Address: 8538 S.E. RETREAT DR.
City-St-Zip: HOBE SOUND, FL 33455 US

Title: T (X) Delete
Name: OGINE, MARY
Address: 224 W 30TH ST #1006
City-St-Zip: NEW YORK, NY 10001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL KELLY

PRES

07/28/2009

Electronic Signature of Signing Officer or Director

Date