


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR 27 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000048873			
1. Entity Name BIG BLACK ENTERTAINMENT INC.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business - No P.O. Box # 5460 N. STATE Rd 7		3. Mailing Address 3581 Colonnade DR	
Suite, Apt. #, etc. 109		Suite, Apt. #, etc.	
City & State TAMARAC FL		City & State Wellington FL	
Zip 33319		Zip 33467	
Country USA		Country USA	
6. Name and Address of Current Registered Agent DELETE		7. Name and Address of New Registered Agent Name: ANALOS EXAVIER Street Address (P.O. Box Number is Not Acceptable): 3581 COLONNADE DR City: WELLINGTON FL Zip Code: 33467	
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: <u>Analos Exavier</u> 4/7/07 Signature, by _____, or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PIERRE, DAVIDSON 464 W MELROSE CIRCLE FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EXAVIER, ANALOS 3581 Colonnade DR Wellington, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIERRE, NURISE 464 W MELROSE CIRCLE FORT LAUDERDALE, FL 33312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100103238471 05/25/07-01010-010-***300.00 Filing Fee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EXAVIER, MAURICE 3303 NW 36 TERRAE LAUDERDALE LAKES, FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO ADDITIONAL CHANGES <input 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
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
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 exemptions contained 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 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 all other like empowered.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/7/07 754 234 2101 Date Daytime Phone #	

G. Mitchell APR 27 2007