

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000048461 1. Entity Name MARK BLACK, INC.				Jan 14, 2005 08:00 AM Secretary of State					
Principal Place of Business 1600 NORTHEAST 114TH STREET MIAMI, FL 33181		Mailing Address 1600 NORTHEAST 114TH STREET MIAMI, FL 33181							
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>				01112005 No Chg-P CR2E034 (10/03)					
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 65-0839488</td> <td style="width: 20%;">Applied For <input type="checkbox"/></td> </tr> <tr> <td></td> <td>Not Applicable <input checked="" type="checkbox"/></td> </tr> </table>		4. FEI Number 65-0839488	Applied For <input type="checkbox"/>		Not Applicable <input checked="" type="checkbox"/>
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	Not Applicable <input checked="" type="checkbox"/>								
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134			<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>						
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		11110001181081 01/14/05-80032-008 158.75					
10. OFFICERS AND DIRECTORS									
TITLE	NAME	PSTD SCHWARTZ, MARK A							
STREET ADDRESS		1600 NE 114TH ST.							
CITY-ST-ZIP		MIAMI, FL 33181							
TITLE	NAME								
STREET ADDRESS									
CITY-ST-ZIP									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 1/11/05 Daytime Phone #: 305-773-5768 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>									