2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 516704** 04-09-2004 90043 039 ***150.00 1. Entity Name PAPER MOON, INC. Principal Place of Business Mailing Address 24038862 POLO GROUNDS MALL POLO GROUNDS MALL 944 S. MILITARY TRAIL 944 S. MILITARY TRAIL WEST PALM BCH, FL 33415 WEST PALM BCH, FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 Chg-P CR2E034 (10/03) City & State City & State 4 FFI Number Applied For Not Applicable 59-1696498 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANCEY, HENRY B. 1413 N.E. 56TH COURT Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE, FL City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Ph TITLE ☐ Delete TITLE ☐ Change ☐ Addition YANCEY, HENRY B MAME NAME STREET ADDRESS 1413 NE 56TH COURT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL CITY-ST-ZIP VD TITLE Defete RITTE ☐ Change ☐ Addition YANCEY, ELIZABETH G NAME NAME STREET ADDRESS **1413 NE 56TH COURT** STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL -CITY-SY-ZIPL TITLE ☐ Delete TITLE YANCEY, STEPHEN NAME NAME STREET ADDRESS 5648 GREEN ISLAND RD STREET ADDRESS CHY-SI-ZIP LAKE WORTH, FL 334637393 CHY-SI-ZIP ım e ☐ Change Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-SY-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 cath; 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.

OFFICER OR DIRECTOR

FILED