APPROVED AND FILED

03 OCT 13 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000006064

1. Entity Name
BLUE MOON RECORDS GROUP, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 2003

2. Principal Place of Business	3. Mailing Address
4890 GARLAND BRANCH RD	4890 GARLAND BRANCH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DOVER, FL	City & State: DOVER, FL
Zip: 33527 Country: USA	Zip: 33527 Country: USA

4. FEI Number 161636770 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: MICHAEL MUZIO
Street Address (P.O. Box Number Is Not Acceptable): 4890 GARLAND BRANCH RD
City: DOVER FL Zip Code: 33527

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT + CHIEF EXECUTIVE	TITLE	
NAME	MICHAEL MUZIO	NAME	
STREET ADDRESS	4890 GARLAND BRANCH RD	STREET ADDRESS	
CITY-ST-ZIP	DOVER, FL 33527	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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10/13/03--01008--032 **150.00

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CR2E034B (12/02)

12. I hereby 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 10/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #