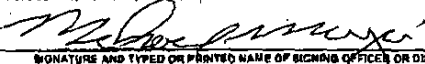


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 OCT 13 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006064			
1. Entity Name BLUE MOON RECORDS GROUP, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4890 GARLAND BRANCH RD Suite, Apt. #, etc.		3. Mailing Address 4890 GARLAND BRANCH RD 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		REINSTATEMENT 2003	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$850.00 Amended UBR is \$6125 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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + CHIEF EXECUTIVE MICHAEL MUZIO 4890 GARLAND BRANCH RD DOVER, FL 33527	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
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: 		Date: 10/7/03 Daytime Phone #	

CR20348 (1202)

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