FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 1. Cornoration Name	# F9400002499	(1)

BROWN BUNYAN MOON & MORE, INC.

Country

9. Name and Address of Current Registered Agent

Principa! Place of Business 900 WESTERN AVE.

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

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GLENDALE CA 91201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

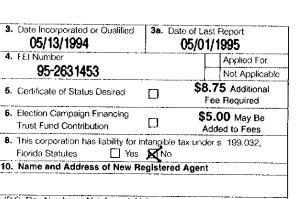
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Zip

900 WESTERN AVE. GLENDALE CA 91201



Zip Code

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 83 TALLAHASSEE FL 32301 84 City

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes

Country

81 Name

30

12.	OFFICERS AND DIRECTORS		IF: Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	DELETE	1. 1 TITLE		☐ Change	Addition
NAME	Brown, Jerry K		1.2 NAME			
STREET ADDRESS	4310 SHEPHERDS LN.		1.3 STREET ADDRESS			
CITY - ST - ZIP	LA CANADA CA 91011		1.4 City - St - ZiP			
TITLE	S	☐ DELETE	2. 1 TITLE		☐ Change	Addition
NAME	BROWN, CAROL A		2.2 NAME			
STREET ADDRESS	4310 SHEPHERDS LN.		2.3 STREET ADDRESS			
CITY-ST-ZIP	LA CANADA CA 91011		2.4 CHTY - ST - 7 P			
TITLE	D	DELETE	3 1 THILE		Change	☐ Addition
NAME	Brown, Michael K		3 2 NAME			
STREET ADDRESS	23904 ROSA LINDA		3.3 STREET ADDRESS			
CITY-ST-ZIP	VALENCIA CA 91355		3 4 CITY-ST-ZIP			
TITLE		DELETE	4. 1 TITLE		Change	Addition
IAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-S1-ZIP			
ITLE		DELETE	5 1 THLE		☐ Change	Addition
IAME			52 NAME			-
STREET ACIDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 C+1Y+ST-ZIP			
TILE		□ DELETE	6 1 TITLE		Change	Addition
NAME			6 2 NAME		•	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - SY-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR Brown

SIGNATURE:

4/11/96 818/241-5656