

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012168

Entity Name: FULL MOON CREATIVE LLC

FILED
Jan 10, 2007
Secretary of State

Current Principal Place of Business:

10281 N.W. 24TH COURT
SUNRISE, FL 33322 US

New Principal Place of Business:

10795 NW 53 STREET
SUITE 203
SUNRISE, FL 33351 US

Current Mailing Address:

10281 N.W. 24TH COURT
SUNRISE, FL 33322 US

New Mailing Address:

10795 NW 53 STREET
SUITE 203
SUNRISE, FL 33351 US

FEI Number: 34-2039315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOON, DWIGHT D
10281 N.W. 24TH COURT
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOON, DWIGHT D
Address: 10281 N.W. 24TH COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Delete
Name: LOPEZ-MOON, JEIMY L
Address: 10281 N.W. 24TH COURT
City-St-Zip: SUNRISE, FL 33322 US

Title: MGRM () Delete
Name: ATTIAS, HOWARD M
Address: 3125 NW 84TH WAY
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEIMY L. LOPEZ-MOON

MGER

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date