

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005383

FILED  
Sep 05, 2006  
Secretary of State

Entity Name: MOONLIGHT RELEASE INC.

**Current Principal Place of Business:**

1820 OREGON ST.  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1820 OREGON ST.  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 20-2913795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CAMERON, JULIA BETH  
1820 OREGON ST.  
ORLANDO, FL 32803      US

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BIRR, ANDREW STEPHEN  
Address: 122 N. ST. CLAIR ABRAMS AVE.  
City-St-Zip: TAVARES, FL 32728

Title: SD      ( ) Delete  
Name: CAMERON, DAWN MICHELLE  
Address: 4626 REDFERN DE.  
City-St-Zip: ORLANDO, FL 32829

Title: TD      ( ) Delete  
Name: CAMERON, JULIA BETH  
Address: 1820 OREGON ST.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN MICHELLE CAMERON

SD

09/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date