

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004759

1. Corporation Name

MOONLIGHT THEATRE AND FILM PRODUCTION INCORPORATED

Principal Place of Business

1031 SUTOR, SUITE A
TALLAHASSEE FL 32311

Mailing Address

1031 SUTOR, SUITE A
TALLAHASSEE FL 32311

FILED

99 MAY -4 PM 4:43

SECRET OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/21/1997	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	APPLIED FOR 54-3465/88	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MILLER, IRWIN 1031 SUTOR, SUITE A TALLAHASSEE FL 32311				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, TENE	12 NAME	
STREET ADDRESS	1031 SUTOR, SUITE A	13 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, IRWIN	22 NAME	
STREET ADDRESS	1031 SUTOR, SUITE A	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENN, HARLON	32 NAME	
STREET ADDRESS	1112 S MAGNOLIA	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	BROD BOYO	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O	42 NAME	
STREET ADDRESS	1031 SUTOR A	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGENT

MAY 3, 1999

(850) 898-3141

Date

Daytime Phone #

0008495

CR2E037 (11/98)