

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004759

1. Entity Name

MOONLIGHT THEATRE AND FILM PRODUCTION INCORPORAT

APPROVED
AND
FILED

01 MAY 15 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1031 SUTOR
SUITE A. ROOM 100
TALLAHASSEE FL 32311

Mailing Address

1031 SUTOR
SUITE A. ROOM 100
TALLAHASSEE FL 32311

2. Principal Place of Business

3967 CRAWFORDVILLE RD

Suite, Apt. #, etc.

G-25

City & State

TALLAHASSEE, FL

Zip

32302

Country

U.S.

3. Mailing Address

320 W. HARRISON

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3465188

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, IRWIN
1031 SUTOR
SUITE A, ROOM 100
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

4/27/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MILLER, IRWIN
STREET ADDRESS 1031 SUTOR, SUITE A ROOM 201
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete
NAME CARTER, TENE
STREET ADDRESS 1031 SUTOR, SUITE A ROOM 201
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE D ☐ Delete
NAME BOYD, BROD
STREET ADDRESS 1031 SUTOR, SUITE A ROOM 202
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IRWIN MILLER

4/27/01

(850)412-0377

CR2E037 (10/00)