

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90124 032 ***150.00

DOCUMENT # **P00000000885**

1. Entity Name

MOON and STARS TALENT AGENCY INC

DO NOT WRITE IN THIS SPACE

636169

2. Principal Place of Business

1009 THOUSAND OAKS Blvd

3. Mailing Address

1009 THOUSAND OAKS Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL

DAVENPORT FL

Zip **33896**

Country

USA

Zip **33896**

Country **USA**

DO NOT WRITE IN THIS SPACE

FBI Number

91-2028580 061412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

VASILY DEMENCHUKOV

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

1009 THOUSAND OAKS Blvd

City

DAVENPORT

State

Zip

FL 33896

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VASILY DEMENCHUKOV
1009 THOUSAND OAKS Blvd
DAVENPORT, FL 33896**

TITLE
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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)