FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE DOCUMENT # P01000019469 ONVISION OF COMPORALIONS 1. Entity Name 02 NOV -6 AM 8: 01 HAZF MOON BAR + GRILL, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3670 N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2830 ALApulco Dr. City & State
AVIELJALE 4. FEI Number Applied For 65-1076426 mirpman Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name BN BREIJ DO NOT WRITE IN THIS SPACE 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 NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11, TITLE LIANDREW ACED TITLE CR2E034B (12/01) 300003820403 11/06/02--01038--017 ***8,75 NAME NAME 3676 N-SE-7 STREET ADDRESS STREET ADDRESS [AUDEN DIE CAKES, FL 33319 CITY-ST-ZIP CITY-ST-ZIP TITLE 2830 ACAPULLODA TITLE 300008820403 NAME NAME 11/06/02--01038--018 **150.00 STREET ADDRESS MIRAMAR, F/ 33023 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

10/26/02 x 668-5775
Dale Daylor Phone #

Halfmoon bar & Chill 3670 N STATE ROAD

October 26, 2002

Re: Halfmoon Bar & Grill, Inc. - DOC-P01000019469

To Whom It May Concern:

After a recent consultation with my accountant I was informed that I should have filed my UBR in May. Due to the fact that I never receive any forms and or notifications, I was totally unaware of the situation. I have no explanation as to why this occurred, however, I have experienced an occasional problem with my mail in the past.

Please accept my check for \$150 as payment for my corporation, so that it may remain in effect.

Sincerely,

Andrew Reed

Please send any correspondence to: L Andrew Reed 2830 Acapulco Drive Miramar, Florida 33023 (954) 668-5775