

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000015615

FILED  
May 08, 2008  
Secretary of State

Entity Name: MOONLIGHT MULTIMEDIA PRODUCTIONS, INC

**Current Principal Place of Business:**

3510 SW 21 ST.  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

3510 SW 21 ST.  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 68-0489606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBINSON, GLEN  
18889 MARINER INLET DR  
BOCA RATON, FL 33498 US

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

ROBINSON, GLEN  
5690 W ATLANTIC AVE #206  
DELRAY BEACH, FL 33484 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

05/08/2008

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROBINSON, GLEN  
Address: 18889 MARINER INLET DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete  
Name: FORD, BARBARA E  
Address: 3510 SW 21 STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

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

Title: P (X) Change ( ) Addition  
Name: ROBINSON, GLEN  
Address: 5690 W ATLANTIC AVE #206  
City-St-Zip: DELRAY BEACH, FL 33484

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA E FORD

Electronic Signature of Signing Officer or Director

VP

05/08/2008

Date