2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P39304

1. Entity Name
HOWL-AT-THE-MOON-ORLANDO, INC.

Principal Place of Business	Mailing Address
55 WEST CHURCH STREET SUITE #244 ORLANDO, FL 32801 US	309 GARRARD ST SUITE B COVINGTON, KY 41011 US

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3137308
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JAMES
5556 GARDEN GROVE CIRCLE
WINTER PARK, FL 32792

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	BERNSTEIN, JAMES M.
STREET ADDRESS	309 GARRARP ST SUITE B
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	ST
NAME	HAUGLAND, ROBERT C.
STREET ADDRESS	309 GARRARD ST SUITE B
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	PVP
NAME	DORKO, ROBERT
STREET ADDRESS	309 GARRARD ST SUIT B
CITY-ST-ZIP	COVINGTON, KY 41011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/04-80211-014 150.00

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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 607, 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: _____ Sec/Treas. 4/28/04 (859)491-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #