FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P92000007751 (0) DOCUMENT # MOONGLOW PUBLISHING, INC. Mailing Address Principal Place of Business P. O. BOX 4935 1220 EDWARDS LN WINTER PARK FL 32793 ORLANDO FL 32804 HS 3a. Date of Last Report 3. Date Incorporated or Qualified 11/23/1992 04/19/1995 Applied For 4. FEI Number 2a. Malling Address 2. Principal Place of Business 59-3159261 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country $Z \oplus$ Ζφ Yes MNo Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHEPPARD, SCOTT O 82 1220 EDWARDS LN 83 ORLANDO FL 32804 كمح 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for the purpose of changing its registered agent. I am familiar with, and appoint the obligations of Section 607 A25, Florida Statutes. or registered agent, or familiar with, and attack 55 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICE S AND DIRE 13. 12. Change Addition 1 DELETE 1 1 TITLE TULE SHEPPARD, SCOTT O 1.2 NAME NAME 1220 EDWARDS LANE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CHY-ST. ZIP CITY-ST-ZIP ☐ Addition ☐ Change [] DELETE 2.1 Little TITLE JACKSON, DARCY 2.2 NAME NAME 1220 EDWARDS LANE 2 3 STREET ADDRESS STREET ADDRESS ORLANDO FL 2.4 CHY - \$1 - ZIF CITY-ST-ZIP Addition DELETE 3 1 Tillus TITLE TAYLOR, MARY R NAME ELAYE Swei Que 1521 EAGLE NEST CIRCLE 3.3 STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL 3 4 CITY - ST - ZIP CITY-S1-ZIP Addition DELETE 4 1 I:I1E TITLE 4.2 NAME MASLAND, SKIP 1220 EDWARDS LANE 4.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 4.4 City - \$1 - 205 CITY - ST - ZIP ☐ Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY ST-ZIF CITY-ST-2IP 5000018005**6**6% ■ Addition DELETE 6.1 THE TITLE -04/30/96--01018--025 6.2 NAME NAME ***200.00 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that I am an officer or director of the corpolation or libe occeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 12 or Block 13 to paged, or on a cartify-himself with an address. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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