

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90041 031 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000017609

1. Corporation Name
CRESCENT MOON RECORDS, INC.



Principal Place of Business 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US	Mailing Address 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/09/1993		Applied For ☐ Not Applicable	
4. FEI Number 65-0394911		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing ~ ☐ \$5.00 May Be Added to Fees		7. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30	

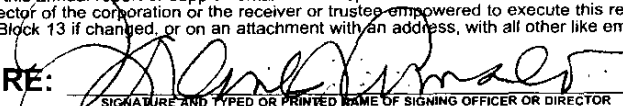
9. Name and Address of Current Registered Agent ESTEFAN ENTERPRISES, INC. 555 JEFFERSON AVENUE MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ESTEFAN, EMILIO JR	1.2 NAME	Estefan, Emilio Jr
STREET ADDRESS	555 JEFFERSON AVENUE	1.3 STREET ADDRESS	555 Jefferson Ave.
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	VSTD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ESTEFAN, GLORIA M	2.2 NAME	
STREET ADDRESS	555 JEFFERSON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	AMADEO, FRANK	3.2 NAME	Amadeo, Frank
STREET ADDRESS	555 JEFFERSON AVENUE	3.3 STREET ADDRESS	555 Jefferson Ave.
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  2/2/99 (305) 534-4330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)