2000 UNIFORM BUSINESS REPORT (UBR)

0215150

DOCUMENT # P93000017609

APPROVED AND FILED

00 FEB 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

CRESCENT MOON RECORDS, INC.

Principal Place of Business	Mailing Address
555 JEFFERSON AVENUE MIAMI BEACH FL 33139 US	555 JEFFERSON AVENUE MIAMI BEACH FL 33139-6302 US

2. Principal Place of Business	3. Mailing Address
	701 BRICKELL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 3000
City & State	City & State MIAMI, FLORIDA
Zip / Country	Zip 33131 / Country

4. FEI Number 65-0394911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESTEFAN ENTERPRISES, INC.
555 JEFFERSON AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: INTRASTATE REGISTERED AGENT CORPORATION
Street Address (P.O. Box Number is Not Acceptable): 701 BRICKELL AVENUE
SUITE 3000
City: MIAMI FL Zip Code: 33131

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.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE [signature] 2/9/00 DATE

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

BY: STEVEN H. HAGEN, VICE PRESIDENT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: C NAME: ESTEFAN, EMILIO JR STREET ADDRESS: 555 JEFFERSON AVENUE CITY-ST-ZIP: MIAMI BEACH FL 33139	☐ Delete	TITLE: DC NAME: ESTEFAN, JR., EMILIO STREET ADDRESS: 555 JEFFERSON AVENUE CITY-ST-ZIP: MIAMI BEACH, FLORIDA 33139	☒ Change ☐ Addition
TITLE: VSTD NAME: ESTEFAN, GLORIA M STREET ADDRESS: 555 JEFFERSON AVENUE CITY-ST-ZIP: MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 200003137232--7 -02/16/00--01016--025 ****158.75 ****158.75	☐ Change ☐ Addition
TITLE: P NAME: AMADEO, FRANK STREET ADDRESS: 555 JEFFERSON AVENUE CITY-ST-ZIP: MIAMI BEACH FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)