

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:08

DOCUMENT # P93000048430 (1)

1. Corporation Name
BAD MOOD, INC.

Principal Place of Business
**122 N ORANGE AVE
SUITE A
ORLANDO FL 32801**

Mailing Address
**122 N ORANGE AVE
SUITE A
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3189232	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 225 N. MAGNOLIA AVE Suite, Apt. #, etc	2a. Mailing Address 26 225 N. MAGNOLIA AVE Suite, Apt. #, etc
22 City & State ORLANDO, FLORIDA	27 City & State ORLANDO, FLOIRIDA
23 Zip 32801	28 Zip 32801
24 Country USA	29 Country USA

9. Name and Address of Current Registered Agent DONALDSON, MICHAEL 122 N ORANGE AVE SUITE A ORLANDO FL 32801		10. Name and Address of New Registered Agent	
B1 Name MICHAEL DONALDSON	B2 Street Address (P.O. Box Number is Not Acceptable) 225 N. MAGNOLIA AVENUE	B3	B4 City ORLANDO
		B5 State FL	B6 Zip Code 32801

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE: *Michael Donaldson* **MICHAEL DONALDSON, P/D/T** 1/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1011 NAME DONALDSON, MICHAEL	1012 STREET ADDRESS 431 E MILLER	1013 CITY, ST, ZIP ORLANDO FL 32806	11 TITLE D/P/T
1011 NAME SANBORN, DAVID	1012 STREET ADDRESS 431 E MILLER	1013 CITY, ST, ZIP ORLANDO FL	11 TITLE DELETE DAVID SANBORN
			11 CHANGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 available to disclose to the corporation or its officer or trustee any information required to complete 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 my address.

SIGNATURE: *Michael Donaldson* **MICHAEL DONALDSON, D/P/T** 1/7/95 4072460072