

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000071923

1. Entity Name
MOONLIGHT PRODUCTIONS, INC.



Principal Place of Business
**% DOUGLAS WEISER
3250 MARY ST., SUITE 500
MIAMI, FL 33133**

Mailing Address
**% DOUGLAS WEISER
555 KATIE PARK
SNOWMASS, CO 81654**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0531751

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEISER, DOUGLAS J
3250 MARY ST., SUITE 500
MIAMI, FL 33133**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees.**

UN00000400487
02/02/06 000006 005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEISER, DOUGLAS
STREET ADDRESS	3250 MARY ST., SUITE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	D
NAME	WEISER, LYNDIA R
STREET ADDRESS	3250 MARY ST., SUITE 500
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Weiser **Douglas Weiser** 1/18/06 970-927-8866

Date

Daytime Phone #