2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 08, 2004 8:00 am DOCUMENT # P95000037697 **Secretary of State** 1. Entity Name 07-08-2004 90095 046 ***150.00 CRESCENT MOON PRODUCTIONS, INC. Principal Place of Business Mailing Address 10626 CRESCENT LAKE COURT 10626 CRESCENT LAKE COURT 24000402 CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3317493 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNCH, MELISSA F Street Address (P.O. Box Number is Not Acceptable) 10626 CRESCENT LAKE CT CLERMONT FL 34711 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition ☐ Change LYNCH, MARK E NAME NAME STREET ADDRESS 10626 CRESCENT|LAKE COURT STREET ADDRESS CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE TITLE ☐ Delete Change Change Addition LYNCH, MELISSA F NAME NAME STREET ADDRESS 10626 CRESCENT LAKE COURT STREET ADDRESS **CLERMONT FL 34711** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7IP CITY-ST-ZIP

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.

12. 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

July 2 04

352-394-8 8C

FILED

Attachment 540604615-P95000037697 July 2,04

Dear Division of Corporations, I am writing you in hopes that you will take pety on us! My husband a 2) work out of the country 8 out of 12. months a year on reality T.V. shows. I have set our company up to un on auto pelot but sometimes things slip through the cracks. I cought this in a file of tax work that I finally got home to work on. Endosed is a check for \$150,00. We will certainly pay the fee if you feel we must. I'll keep my fingers crossed. Thank you, Websia Lynch