

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000083961 (9)**

1. Corporation Name
FULL MOON MULTIMEDIA, INC.



Principal Place of Business 2537 MULBERRY RD S CLEARWATER FL 34621	Mailing Address 2537 MULBERRY RD S CLEARWATER FL 34621-2215
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3. Date Incorporated or Qualified 10/30/1995	3a. Date of Last Report 03/06/1996
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2. Principal Place of Business 21 50 S. BELCHER RD SUITE 118 Suite, Apt. #, etc. 22 CLEARWATER, FL City & State 23 34625 Zip 24 USA Country	2a. Mailing Address 26 50 S. BELCHER RD Suite, Apt. #, etc. 27 SUITE 118 City & State 28 CLEARWATER, FL City & State 29 34625 Zip 30 USA Country
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4. FEI Number 65-0625412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WETZEL, DOUGLAS L
2537 MULBERRY RD S
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent
81 Name **CANNON, STEPHEN T**
82 Street Address (P.O. Box Number is Not Acceptable)
345 7th Ave N
83
84 City **SAFETY HARBOR** FL 85 Zip Code **34695**

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 Stephen Cannon VP DATE 4-18-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	WETZEL, DOUGLAS L	
STREET ADDRESS	2537 MULBERRY RD S	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CANNON, STEPHEN	
STREET ADDRESS	144-C DOUGLAS RD	
CITY-ST-ZIP	OLDSMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Stephen Cannon DATE: 4-18-97 813-799-8930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)