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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083961 (9)

	MOON MULTI-MEDIA, INC.	Mailing Address 50 S BELCHER RD SUITE 118 CLEARWATER FL 34625 US		DO NOT WRITE IN THI	
2. Principal F	Place of Business	2a, Mailing Address		10/30/1995 4, FEI Number	Applied For
21 50	5. BELCHER RD.	26 50 5.BEL	LCHER RD	65-0625412	Not Applicable
Suite, Apt.	#, etc. TE 124	Suite, Apt. #, etc. 27 SUITE 12	Ч	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ARWATER, FL	City & State 28 CLEAR UA	TEO FIL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zin.	Country	20 00000	Country	8. This corporation owes or has paid the o	
24 337	165 25 USAT	29 33/65 3	o USA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current NNON, STEPHEN T	l Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
11. Pursuant office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida Such change was aut tions of, Section 607.0505, Florid	horized by the corpo	FETY NAMBOR F corporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered
SIGNATURE	Signature typed or while channel of registered agent	if and telo if applicable (NOTE F	Registered Agent signature re	equired when reinstating) DATE	70
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P POLICIAN I	☐ DELETE	1.1 TITLE		Change Addition
NAME	WETZEL, DOUGLAS L 2537 MULBERRY RD S		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	Vī	DELETE	2.1 7171 5	VP	Change Addition
NAME	CANNON, STEPHEN		2.2 NAME	STEPHEN CANNON 366 2ND NE N SAFETY MANBOR, FI	
STREET ADDRESS	144-C DOUGLAS RD		23 STREET ADDRESS	365 2ND AVE N	24/2/
CITY-ST-ZIP	OLDSMAR FL	Doctors		SAFETY MANBOR, FI	34695
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	Ţ		4.3 STREET ADDRESS		
CITY-SI-ZIP		·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	1				
			5.3 STREET ADDRESS	•	
CITY-ST-ZIP		DELETE			Change Addition

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report or supplemental arrival 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 ornpowered 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.

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

Totos-Campo Stypher

4-28-98

(813) 562.000 Devime Prone : 0401521

FILED

May 07 1998 8:00am

Secretary of State

R2E034 (10/97)