

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90013 031 ***550.00

DOCUMENT # P95000083961

1. Corporation Name
FULL MOON MULTI-MEDIA, INC.

Principal Place of Business

50 S. BELCHER RD
SUITE 124
CLEARWATER FL 33765
US

Mailing Address

50 S. BELCHER RD
SUITE 124
CLEARWATER FL 33765
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

65-0625412

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CANNON, STEPHEN T.
365 2ND AVE NO.
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name CANNON, STEPHEN T

82 Street Address (P.O. Box Number is Not Acceptable)
3053 EGRET TERRACE

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

5-3-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WETZEL, DOUGLAS L
STREET ADDRESS 2537 MULBERRY RD S
CITY-ST-ZIP CLEARWATER FL

TITLE VP ☐ DELETE

NAME CANNON, STEPHEN
STREET ADDRESS 365 2ND AVE N.
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME WETZEL, DOUGLAS L
1.3 STREET ADDRESS 2700 EAST GRAND RESERVE #1037
1.4 CITY-ST-ZIP CLEARWATER, FL 33759

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME CANNON, STEPHEN
2.3 STREET ADDRESS 3053 EGRET TERRACE
2.4 CITY-ST-ZIP SAFETY HARBOR, FL 34695

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Stephen Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3-99

727-562-0009

CR2E034 (11/98)

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