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

Mailing Address

444 HIGUERA ST SUTIE 300

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90060 008 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092507

Principal Place of Business

SIGNATURE:

100 N TAMPA ST

MOONDOG VENTURES, INC.

STE 1800 TAMPA FL 33601		SUTIE 300 SAN ORISPO CA 93401	SUTIE 300 San Obispo ca 93401		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					12/05/1995		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26		— <u> </u>	1		59-3353794	Not Applicable	
- · l		Suite, Apt. #, etc.	Suite, Apt. #, etc.		_ \$	8.75 Additional	
22 27		27	•		5. Certificate of Status Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28				Added to Fees	
Zip			Country		8, This corporation owes the current year Intangil	ole	
24	25	29 30			Personal Property Tax.		
	9. Name and Address of Curi		'		10. Name and Address of New Registered Age	nt	
81 Nar							
ANTHONY, ADAM			-	Ctroop A	Address (P.O. Box Number is Not Acceptable)		
100 (n tampa st		82	Street A	address (P.O. Box Number is Not Acceptable)		
STE 1800			83				
TAMPA FL 33601							
}			84	City	FL 8	5 Zip Code	
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 eacht, or both, in the State of Florida, Such change was authorized by the corporation's poard of directors. I netern accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Storature, byted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered	AND DIRECTORS	13.	t signature red	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
12.	D	DELETE	1.1 TITLE		D .	Change	
TITLE	anthony, adam v.		1.2 NAME		ANTHONY, ADAM V.	`	
NAME					ANTI-DAY TOWN		
STREET ADDRESS	110100111111111111111111111111111111111		L		ZTLO ENCANTO DEMORRENCE CO 9344	a l	
CITY-ST-ZIP	PISMO BCH CA 93449	D DELETE	1.4 CTY-S	T-ZIP	FISHED LANCES CONT.	Change	
TITLE			2.1 TITLE			Silango [] rissilasii	
NAME		221					
STREET ADDRESS				[ADDRESS		ļ	
CITY-ST-ZIP			2.4 CITY-5	T-ZIP		Change Addition	
TITLE			3.1 TITLE			Change Magnitor (
NAME	1		3.2 NAME			}	
STREET ADDRESS	DDRESS		3.3 STREE	ADDRESS			
CiTY-ST-ZiP			3.4 CITY-5	T-ZIP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE	Ì		Change Addition	
NAME	_		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY- S	T-ZIP			
TITLE			6.1 TITLE			Change	
NAME			6.2 NAME				
STREET ADDRESS	}		6.3 STREE	TADDRESS			
O INCE I NUMESS							

14. I hereby certify that the information supplied with this filling 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 aprilal report is free 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 receiper 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 or an attachment with an address, with all other like empowered.