

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000062477**

1. Entity Name

TEN MOONS PRODUCTIONS, INC.**FILED**
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90003 025 ***150.00

0620650

Principal Place of Business

Mailing Address

6681 49TH ST N
PINELLAS PARK FL 33781P.O. BOX 25211
TAMPA FL 33622-5211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3401175

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALPRIN, DAVID A
6681 49TH ST N
PINELLAS PARK FL 33781Name **Cynthia M. Belcher**Street Address (P.O. Box Number is Not Acceptable)
6681-49 Street North**Pinellas Park, FL**

City

FLZip Code
33781

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.

SIGNATURE **Cynthia M. Belcher****Cynthia M. Belcher****4/16/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
NAME **BRAME, ELAINE**
STREET ADDRESS **P.O. BOX 25211**
CITY-ST-ZIP **TAMPA FL 33622-5211**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DVP** ☐ Delete
NAME **BROWN, JONATHAN**
STREET ADDRESS **P.O. BOX 25211**
CITY-ST-ZIP **TAMPA FL 33622-5211**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elaine Brame **Elaine Brame**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

(727) 521-4664

Daytime Phone #

CR2E034 (10/00)