2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041612

1. Entity Name
Cimon, Inc

Principal Place of Business / Mailing Address
8581 Santa Monica Blvd #402
Los Angeles, CA 90069

FILED
00 APR 27 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	3. Mailing Address
8581 Santa Monica	Same
Suite, Apt. #, etc. #402	Suite, Apt. #, etc.
City & State Los Angeles CA	City & State
Zip 90069 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3446017 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Mark Mooney
1211 W Fletcher
Tampa FL 33612-3363

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Mark Mooney 04-26-00
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) ☐

10. 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 President & Director ☐ Delete NAME Amanda Butler STREET ADDRESS 8581 Santa Monica Blvd CITY-ST-ZIP ~~Los Angeles CA 90069~~	☒ Change ☐ Addition TITLE NAME STREET ADDRESS 223 N. Guadalupe #259 CITY-ST-ZIP Santa Fe, NM 87501
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Change both Principle place of business & Mailing Address
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 400003237124--3 -05/03/00--01076--014 *****150.00 *****150.00
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TITLE 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: Amanda Butler 04-26-00 505-820-7636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #