2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2004
Secretary of State

DOCUMENT# P98000021243

Entity Name: MOON INTERNATIONAL, INC.

Current Principal Place of Business:

471 SOLL ST.
NAPLES, FL 34109

New Principal Place of Business:

5290 14TH AVE S.W.
NAPLES, FL 34116 US

Current Mailing Address:

471 SOLL ST.
NAPLES, FL 34109

New Mailing Address:

5290 14TH AVE. S.W.
NAPLES, FL 34116 US

FEI Number: 59-3496149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CENTAFANTI, GARY D
471 SOLL ST.
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

CENTAFANTI, GARY D
529014TH AVE. S.W.
NAPLES, FL 34116 US

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: GARY D. CENTAFANTI 10/06/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CENTAFANTI, GARY D
Address: 471 SOLL ST.
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: CENTAFANTI, CATHY
Address: 471 SOLL ST.
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: CHUK, MAGEN
Address: 471 SOLL ST.
City-St-Zip: NAPLES, FL 34109

Title: D (X) Delete
Name: HITCHCOCK, STERLING
Address: 1085 SHIPWATCH CIR.
City-St-Zip: TAMPA, FL 33602

Title: D (X) Delete
Name: HITCHCOCK, CARREY
Address: 1085 SHIPWATCH CIR.
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CENTAFANTI, GARY D
Address: 5290 14TH AVE. S.W.
City-St-Zip: NAPLES, FL 34116 US

Title: D (X) Change ( ) Addition
Name: CENTAFANTI, CATHY
Address: 5290 14TH AVE. S.W.
City-St-Zip: NAPLES, FL 34116 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY D. CENTAFANTI DIR 10/06/2004
Electronic Signature of Signing Officer or Director Date