2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2005 08:00 AM DOCUMENT # P98000091776 **Secretary of State** CRESCENT MOON FILM & TELEVISION PRODUCTIONS, INC. Mailing Address Principal Place of Business 420 JEFFERSON AVE 420 JEFFERSON AVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 CR2E034 (10/03) No Cha-P 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0905112 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131 IN THIS SPACE 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 I am familiar with, and accept the obligations of registered agent SIGNATURE. (NOTE Registered Agent signature required when reinstalling) DATE Signature, typed of printed hame of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ESTEFAN, EMILIO JR. NAME 420 JEFFERSON AVE STREET ADDRESS 1100000344815 CITY-ST-ZIP MIAMI BCH, FL 33139 .04/30/05-80009-uz3 150**.**09 VSTD TITLE NAME ESTEFAN, GLORIA 420 JEFFERSON AVE STREET ADDRESS CITY-ST-ZIP MIAMI BCH, FL 33139 AMADEO, FRANK NAME STREET ADDRESS 420 JEFFERSON AVE DO NOT WRITE CITY-ST-ZIP MIAMI BCH, FL 33139 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP 12. 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 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

693-7000

Daylime Phone #

4-25-05