## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P98000091776

CRESCENT MOON FILM & TELEVISION PRODUCTIONS, INC.



**FILED** Apr 19, 2007 08:00 A Secretary of State

Principal Place of Business 420 JEFFERSON AVE MIAMI BEACH, FL 33139

SIGNATURE

Mailing Address

420 JEFFERSON AVE MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

No Chg-P 01082007 CR2E034 (11/05) Applied For 4. FEI Number 65-0905112 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

						,
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	l ed office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		,	<u> </u>	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DC ESTEFAN, EMILIO JR. 420 JEFFERSON AVE MIAMI BCH, FL 33139					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ESTEFAN, GLORIA 420 JEFFERSON AVE MIAMI BCH, FL 33139				. U00000717780 04/30/07-80062-008	3 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMADEO, FRANK 420 JEFFERSON AVE MIAMI BCH, FL 33139			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			79	2 Sw St. 1 Sw 1 Sw 1 Sw 2 Sw 1 Sw	en e	
12. I hereby of indicated of the corchanged,	certify that the information supplied with this fi on this report or supplemental report is true a poration or the resource or trustee empowered or on an attachment with an address, with al	ling does not qualify for the ex and accurate and that my signa d to execute this report as requi l other like empowered.	emptions co ture shall ha ired by Chap	ntained in Chapter 119, ve the same legal effect ter 607, Florida Statutes	Florida Statutes. I further certify that the in as if made under oath; that I am an officer a; and that my name appears in Block 10 or	or director Block 11 if

NAME OF BIGNING OFFICER OR DIRECTOR