04/23/03 09:16 FAX 9548383700 MARSH

FROM : STEVEN KRAFT PA FAX NO. : 954 3456788

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90147 033 ***150.00

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008138

1. Entity Name

STANDING ON THE MOON Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13073 NW 11 CT	13073 NW 11 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City-State SUNRISE, FL	City-State SUNRISE, FL
Zip 33323 County USA	Zip 33323 County USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890604 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (REQUIRED: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1: Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P.D.	TITLE
NAME MICHAEL LESTER	NAME
STREET ADDRESS 13073 NW 11 CT	STREET ADDRESS
CITY-ST-ZIP SUNRISE, FL 33323	CITY-ST-ZIP
TITLE D, SEC.	TITLE
NAME LORI LESTER	NAME
STREET ADDRESS 13073 NW 11 CT	STREET ADDRESS
CITY-ST-ZIP SUNRISE, FL 33323	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
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CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 12 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ President MICHAEL LESTER 4/21/03 954-838-8444

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #