

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000051140

FILED  
Apr 19, 2003  
Secretary of State

Entity Name: EAGLE MOON PRODUCTIONS, INC.

**Current Principal Place of Business:**

3134 CRANE'S COVE  
KISSIMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

3134 CRANE'S COVE  
KISSIMEE, FL 34741

**New Mailing Address:**

FEI Number: 59-7156003

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EHMCKE, MICHAEL C  
3134 CRANE'S COVE  
KISSIMEE, FL 34741 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EHMCKE, MICHAEL C  
Address: 3134 CRANE'S COVE  
City-St-Zip: KISSIMEE, FL 34741

Title: D ( ) Delete  
Name: EHMCKE, BENJAMIN  
Address: 6365 BANNISTER DR  
City-St-Zip: FREDERICK, MD 21701

Title: D ( ) Delete  
Name: EHMCKE, MALISSA  
Address: 3134 CRANE'S COVE  
City-St-Zip: KISSIMEE, FL 34741

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: EHMCKE, BENJAMIN  
Address: 208 CAPRI COVE LOOP  
City-St-Zip: SANFORD, FL 32771

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: MICHAEL C EHMCKE

D

04/19/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date