

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093043

1. Entity Name

MOON SHADOW CREATIONS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90305 005 ***150.00

Principal Place of Business 6879 TOWN HABOUR BLVD #1224 BOCA RATON FL 33433	Mailing Address 6879 TOWN HABOUR BLVD #1224 BOCA RATON FL 33433
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2. Principal Place of Business 1640 NW 62ND TERR. Suite, Apt. #, etc.	3. Mailing Address 1640 NW 62nd Terr Suite, Apt. #, etc.
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City & State Margate, FL	City & State MARGATE FL
Zip 33063	Zip 33063
Country Broward	Country Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0962759	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUDD, COLEEN M 6879 TOWN HABOUR BLVD #1224 BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name COLEEN M. CUDD Street Address (P.O. Box Number is Not Acceptable) 1640 NW 62nd Terrace City Margate FL Zip Code 33063
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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 Coleen Cudd DATE 4/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDD, COLLEEN M 6879 TOWN HABOUR BLVD #1224 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDD, Coleen M. 1640 NW 62nd Terrace Margate FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDD, JAMIE R 6879 TOWN HABOUR BLVD #1224 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUDD, JAMIE R. 1640 NW 62nd Terrace Margate, FL 33063 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: Coleen M. Cudd DATE 4/21/00 (954) 941-6308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)