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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90006 037 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000025877

1. Corporation Name

BLUE MOON INTERACTIVE, INC.

Principal Place of Business

Mailing Address

~~3122 CARTHAGE COURT
ORLANDO FL 32837-9032~~

~~POST OFFICE BOX 770794
ORLANDO FL 32877-0794~~

**9753 S ORANGE BLOSSOM TR
STE 202**

ORLANDO FL 32837

2. Principal Place of Business

2a. Mailing Address

21 9753 S ORANGE BLOSSOM TR

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 202

27

City & State

City & State

23 ORLANDO FL

28

Zip Country

Zip Country

24 32837 25 US

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEATON, THOMAS C
3122 CARTHAGE COURT
ORLANDO FL 32837-9032**

81 Name

BEATON THOMAS C.

82 Street Address (P.O. Box Number is Not Acceptable)

9753 S ORANGE BLOSSOM TR

83

STE 202

84 City

ORLANDO

FL

85 Zip Code

32837

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE


Signature, typed or printed name of registered agent and title if applicable

THOMAS C. BEATON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

6/3/1999
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD BEATON, THOMAS C.**

STREET ADDRESS **3122 CARTHAGE CT.**

CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE

NAME **VSD CHIACCHIRA, MARK S.**

STREET ADDRESS **1438 ORCHID LN**

CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ DELETE

NAME **VTD DAVISON, ANDREW J.**

STREET ADDRESS **10715 WINDSOR CT.**

CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. BEATON

6/3/1999
Date

(407) 856-4511
Daytime Phone #

CR2E034 (1/98)

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