2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P98000002845** Apr 23, 2000 8:00 am Secretary of State **RAVEN MOON INTERNATIONAL, INC.** 04-23-2000 90040 017 ***150.00 Mailing Address Principal Place of Business 120 INTERNATIONAL PARKWAY, STE. 220 120 INTERNATIONAL PARKWAY, STE. 220 HEATHROW FL 32746 HEATHROW FL 32746 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Ant #, etc. Applied For 4. FFI Number City & State City & State 59-3485779 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DI FRANCESCO, JOEY 120 INTERNATIONAL PARKWAY, STE. 220 **HEATHROW FL 32746** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE □ Delete TITLE NAME DI FRANCEICO, JOEY NAME STREET ADDRESS 120 INTERNATIONAL PARKWAY, STE. 220 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME DI FRANCEICO, BERNADETTE STREET ADDRESS STREET ADDRESS 120 INTERNATIONAL PARKWAY, STE. 220 CITY-ST-7IP CITY-ST-ZIP **HEATHROW FL 32746** X Addition ☐ Change TITLE ☐ Delete TITLE John G. PIERCE NAME NAME 800 N. FERNCREEK AVE ORLANDO, FL 32803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition | Delete TITLE STEPHEN CHRYSTIE 120 INTERPATIONAL PRUY SUITE ZZO TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thange Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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