

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90167 009 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08966**

1. Corporation Name  
**LION'S ROAR INTERNATIONAL, INC.**

Principal Place of Business 608 OAKLAND AVE OAKLAND FL 34760 US	Mailing Address P.O. BOX 751 OAKLAND FL 34760 US
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446696 - 90167 - 9 6 \*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/24/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2525611
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**BRALAND, DAVID D**  
**1015 GLENSPRINGS AVE**  
**WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 34760
83	
84 City	

Oakland

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: David D. Braland DATE: 4-15-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, DAVID D.	1.2 NAME	
STREET ADDRESS	1015 GLENSPRINGS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	OD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOMMARCHI, DAVID	2.2 NAME	Judy Braland
STREET ADDRESS	1390 SPRING RIDGE CIRCLE	2.3 STREET ADDRESS	1015 GlenSprings Ave.
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALAND, DARRYL D.	3.2 NAME	Steve Alderman
STREET ADDRESS	550 S BLUFORD	3.3 STREET ADDRESS	7211 Seamans Bluff
CITY-ST-ZIP	OCOOEE FL	3.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	O <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, JAMES	4.2 NAME	
STREET ADDRESS	527 PITT ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKLAND, ALLEN	5.2 NAME	
STREET ADDRESS	7353 RADIANT CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	5.4 CITY-ST-ZIP	
TITLE	O <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JAMES	6.2 NAME	
STREET ADDRESS	1217 BLUE SPRING CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCOOEE FL	6.4 CITY-ST-ZIP	

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 617, 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: David D. Braland DATE: 4-15-99 407-656-4276

CR2E037 (1/198)