2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005786

1. Entity Name
LYON MANAGEMENT GROUP, INC.

FILED
04 FEB -6 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4901 BIRCH STREET NEWPORT BEACH, CA 92660	4901 BIRCH STREET NEWPORT BEACH, CA 92660

01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-0560238
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SURYAN, FRANK T JR.
STREET ADDRESS	4901 BIRCH STREET
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VS
NAME	MARTIN, CHERYL A
STREET ADDRESS	4901 BIRCH STREET
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	T
NAME	MURPHY, DIANE J
STREET ADDRESS	4901 BIRCH STREET
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	CD
NAME	LYON, WILLIAM
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	D
NAME	FRANKEL, RICHARD E
STREET ADDRESS	1620 LA LOMA DRIVE
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200029046872
03/05/04-01028-017 **150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Frank T. Suryan, Jr. (949) 252-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #