FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2002 8:00 am Secretary of State 02-01-2002 90058 031 ***150.00

DOCUMENT # H81039

1. Entity Name

LION'S SI	HAKE HC	OLDING, INC.							02.	-01-20	02 900	00 001	. 130	.00
Principal Place of Business 300 WEST PLATT STREET TAMPA FL 33606				Mailing Address P.O. BOX 373 TAMPA FL 33601-0373				1 1981811	1111 J111	11 448 în 00 î		l Bigli didi	i Biblil Oldul B	REARI ARCII INDI
Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			_	City & State			4.	. FEI Number 59-2585447						oplied For ot Applicable
Zip Country				Zip	Coun	try		Certificate o					8.75 Addee Require	
	6_Name	and Address of Cu	rrent Rec	istered Agent			7	Name and	Addre	ss.of.Ne	w Regis	tered Ag	ent	
						Name								
KING, GUY III 300 W PLATT ST					Street Address (P.O. Box Number is Not Acceptable)									
STE 200											Ť			
TAMPA FL 33606					City					FL	Zip Cod	e		
8. The above	named entity	y submits this statem	ent for the	e purpose of changing its	registere	ed office o	r registered ag	gent, or both	n, in the	State o	f Florida			
SIGNATURE .	Signature, typed	or printed name of registered	d agent and t	itle if applicable (NOT	E: Registere	d Agent signat	ure required when r	reinstating)				DATE		
9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See criteria on back)			ngible	After May 1, 2002 Fee will be			550.00	50.00 Trust Fund Contribution.						
11.		OFFICERS	AND DIF	ECTORS	12.		ΑC	DDITIONS/	CHANG	SES TO	OFFICER	RS AND E	PIRECTOR	S IN 1
TITLE	P			☐ Delete	TITLE								Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	KING, GU' 2904 BAY TAMPA FL	SHORE CT.				E et address -st-zip	:							:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KING, DOU 4504 DRES LAND O'L	XEL ROAD		☐ Delete		F	1012 TAMPI	s.57	ER.	L I N C	G A1	,	Change	☐ Addition
TITLE NAME STREET ADDRESS	DAND O E	ALCO I L		☐ Delete	NAMI STRE	E Et address	, , , , , , ,	· · · · · · · · · · · · · · · · · · ·	_	<u> </u>			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI STRE	e et address					<u> </u>	[Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS				☐ Delete	TITLE					•	_	[Change	Addition
CITY-ST-ZIP				☐ Delete	TITLE						_		Change	Addition
NAME STREET ADDRESS CITY_ST_7IP						E Et address -st-7ip								

13. Thereby certify that the information supplied with this filling 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:

CED GUY KING I PARS