


2007 NOT-FOR-PROFIT CORPORATION

AMENDED 07 AE

DOCUMENT # N26479			
1. Entity Name SARASOTA HI-NOON LIONS FOUNDATION, INC.			
Principal Place of Business P.O. BOX 51207 SARASOTA, FL 34232 US		Mailing Address P.O. BOX 51207 SARASOTA, FL 34232 US	
2. Principal Place of Business - No P.O. Box # 5462 BELUEVA WOODS CIRCLE - SAME		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34233	Country USA	Zip	Country

FILED
2007 OCT 29 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

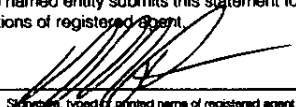


10052007 REIN-NP CR2E099 (1/07)

4. FEI Number 65-0066207		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent GUTH, NANCY L 4565 NORTHLAKE DR SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name: AMBROZICH, MARK Street Address (P.O. Box Number is Not Acceptable): 5325 ANTHONY LAKE City: SARASOTA FL Zip Code: 34233	
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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: 10/5/07

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

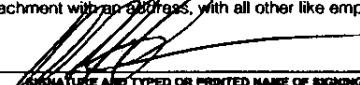
FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P	NAME: RILLA, DONALD STREET ADDRESS: 1053 TREYMORE COURT CITY-ST-ZIP: SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: MILLER, CRAIG STREET ADDRESS: 3465 BEE RIDGE RD #313 CITY-ST-ZIP: SARASOTA, FL 34239
TITLE: SD	NAME: VANLANDINGHAM, COURTNEY STREET ADDRESS: 8448 GARDENS CIRCLE #7 CITY-ST-ZIP: SARASOTA, FL 34238	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: KRUPKIN, STUART STREET ADDRESS: 3391 HADFIELD GREENE CITY-ST-ZIP: SARASOTA, FL 34235
TITLE: D	NAME: GUTH, LARRY STREET ADDRESS: 4565 NORTHLAKE DRIVE CITY-ST-ZIP: SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE: I NAME: RILEY, WILLIAM STREET ADDRESS: 5462 BELUEVA WOODS CIRCLE CITY-ST-ZIP: SARASOTA, FL 34233
TITLE: TD	NAME: GUTH, NANCY STREET ADDRESS: 4565 NORTHLAKE DR CITY-ST-ZIP: SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: AMBROZICH, MARK STREET ADDRESS: 5325 ANTHONY LAKE CITY-ST-ZIP: SARASOTA, FL 34233
TITLE: [Blank]	[Blank]	<input type="checkbox"/> Delete	[Blank]
TITLE: [Blank]	[Blank]	<input type="checkbox"/> Delete	[Blank]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  DATE: 10/5/07

Signature and typed or printed name of signing officer or director

10/31/07