


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90226 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005637					
1. Corporation Name LION BAND BOOSTERS, INC.					
Principal Place of Business 20101 LYONS RD BOCA RATON FL 33434 US			Mailing Address 20101 LYONS RD BOCA RATON FL 33434 US		

557617 - 90010 - 34

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/04/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE 65-0897677	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GABRIELSEN, BRIAN R. 8268 BOCA RIO DRIVE BOCA RATON FL 33433				81 Name Nancy E. Crown, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 17301 W. Palmmetto Pt Road 83 Suite 104-B 84 City Boca Raton FL 85 Zip Code 33433			
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 <i>Nancy E. Crown</i>				DATE 4/14/99			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D <input checked="" type="checkbox"/> DELETE NAME GABRIELSEN, BRIAN R. STREET ADDRESS 8268 BOCA RIO DRIVE CITY-ST-ZIP BOCA RATON FL 33433				1.1 TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Donald J. Umbdenstock 1.3 STREET ADDRESS 10798 Cypress Bend 1.4 CITY-ST-ZIP Boca Raton, FL 33498			
TITLE D <input checked="" type="checkbox"/> DELETE NAME ADAMS, LAURA STREET ADDRESS 11654 SPRING FLOWER PLACE CITY-ST-ZIP BOCA RATON FL				2.1 TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Nancy E. Crown 2.3 STREET ADDRESS 10514 Plainfield Circle 2.4 CITY-ST-ZIP Boca Raton, FL 33498			
TITLE D <input checked="" type="checkbox"/> DELETE NAME BROOKS, LAURA F STREET ADDRESS 18188-181ST CIRCLE SOUTH CITY-ST-ZIP BOCA RATON FL 33498				3.1 TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Thomas K. Beard 3.3 STREET ADDRESS 11556 Quiet Waters Lane 3.4 CITY-ST-ZIP Boca Raton, FL 33428			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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)(j), 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: *Nancy E. Crown* REQUIRED *Nancy E. Crown* 4/14/99 56-447-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time Phone #

CR2E037 (1/98)