2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # **N96000005637** 1. Entity Name LION BAND BOOSTERS, INC. 05-18-2000 90390 001 ****70.00 Mailing Address Principal Place of Business 20101 LYONS RD 20101 LYONS RD BOCA RATON FL 33434-3811 **BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0849647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A-mES CROWN, NANCY E 7301 W PALMETTO PK RD **STE 104-B BOCA RATON FL 33433** 8. The above named entity submit of his statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change TITLE Addition TITLE ☐ Delete RIAdstone, BARRY NAME UMBDENSTOCK, DONALD J NAME 869 WODDTONES STREET ADDRESS STREET ADDRESS 10798 CYPRESS BEND CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Addition ☐ Delete TITLE TITLE D NAME CROWN, NANCY E NAME STREET ADDRESS STREET ADDRESS 10519 PLANTATION CIR City-St-Zie CITY-ST-ZIE **BOCA RATON FL 33498** Change ☐ Addition ☐ Delete TITLE D TITLE D NAME BEARD, THOMAS K NAME STREET ADDRESS STREET ADDRESS 11556 QUIET WATERS LANE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (561) 488-2972