

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005637

FILED
Mar 25, 2009
Secretary of State

Entity Name: LION BAND BOOSTERS, INC.

Current Principal Place of Business:

20101 LYONS RD
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970505
BOCA RATON, FL 33497

New Mailing Address:

FEI Number: 65-0849647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURRAN, DENISE
20101 LYONS ROAD
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAGLIONE, DIANE
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: 1VP () Delete
Name: BANER, SYLVANA
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: 2VP () Delete
Name: PAEZ, ANA
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: 2VP () Delete
Name: ABBOTT, YOLANDA
Address: 20101 LYONS ROAD
City-St-Zip: DELRAY BEACH, FL 33434

Title: T () Delete
Name: CUBILLA, CELESTINO
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: RSEC () Delete
Name: WALKER, VALINDA
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HULL, STACEY
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: 1VP (X) Change () Addition
Name: HULL, STACEY
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: 2VP (X) Change () Addition
Name: ARIZA, EILEEN
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ECKLOND, KIMBERLY
Address: 20101 LYONS ROAD
City-St-Zip: BOCA RATON, FL 33434

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY HULL

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date