May 03, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION ANNUAL REPORT 05-03-2005 90100 043 ***150.00 **DOCUMENT # P00000044641** 1. Entity Name LIONSGATE DEVELOPMENT, INC. Principal Place of Business Mailing Address 40079308 27 S. ORCHARD ST, STE. B 27 S. ORCHARD ST, STE. B ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business 299 W. BRAWADA BUD 3. Mailing Address 299 W. ARAUADA BUD Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CB2E034 (10/03) SLITE B SLUTE B Applied For City & State 4. FEI Number ORMOND BEACH, FL DRMOND BEACH 59-3645794 Not Applicable Zip 32174 \$8.75 Additional 5. Certificate of Status Desired **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAWKINS, DONALD E ESQ Street Address (P.O. Box Number is Not Acceptable) DONALD E. HAWKINS, P.A. 501 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ TITLE Delete TITLE NAME VISCOMI, VINCENT NAME 299 W. BRANADA BLVD, SUITEB STREET ADDRESS 27 S. ORCHARD ST, STE. B STREET ADDRESS ORMOND BEACH, FL. 32114 CITY-ST-ZIP ORMOND BEACH, FL 32174 City-St-ZP TITLE TIT) F ☐ Change ☐ Addition Delete NAME HEFFERNAN, JOSEPH E JR NAME STREET ADDRESS 905 SHEEHY DR., STE. H STREET ADDRESS CITY-ST-ZIP HORSHAM, PA 19044 CITY-ST-73P STD ☐ Delete Change Addition VISCOMI, ANTHONY NAME NAME 299 W. GRANIADA BUD. SUITE B STREET ADDRESS 27 S. ORCHARD ST, STE. B STREET ADDRESS DKMUND BEACH, Pl. 32174 CITY-ST-7IP ORMOND BEACH, FL 32174 CITY-ST-ZIP Ш£ ☐ Detete TTD F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition

 12. I hereby certify that the information surplier indicated on this report or surplier end of the indicated on the receiver or surplier end of the receiver or surplier. with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 or employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if trees, with all other like empowered. of the corporation or the rec changed, or on an attachmi

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED