

UNIFORM BUSINESS REPORT (UBR) 2001

DOCUMENT # P000000 64519

Entity Name

Lion Heart Publishing Inc

Principal Place of Business

Mailing Address

18459 Pines Blvd #311
Pembroke Pines FL 33029

FILED

01 MAY -3 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-1036220

Applied For

Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCY F. RAYMOND
18459 Pines Blvd #311
Pembroke Pines FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

NANCY F. RAYMOND

Nancy F. Raymond 4/30/01

Signature, typed or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/CHAIRMAN	☐ Delete
NAME	LIONEL MCELWEE	
STREET ADDRESS	18459 PINES BLVD #311	
CITY-STATE-ZIP	PEMBROKE PINES FL 33029	
TITLE	DIRECTOR	☐ Delete
NAME	NANCY F. RAYMOND	
STREET ADDRESS	3000 NW 166 STREET	
CITY-STATE-ZIP	MIAMI FL 33054	
TITLE	DIRECTOR	☐ Delete
NAME	JOHN L. MCKNIGHT	
STREET ADDRESS	4328 MANHATTAN BEACH BLVD #1	
CITY-STATE-ZIP	LAUNDALE CA 90260	
TITLE	OFFICER	☐ Delete
NAME	WILLIE HARVEY JR.	
STREET ADDRESS	21840 SW 108 COURT	
CITY-STATE-ZIP	MIAMI FL 33170	
TITLE	OFFICER	☒ Delete
NAME	CLAYTON C. HILL	
STREET ADDRESS	1240 NW 155 LANE APT 308	
CITY-STATE-ZIP	OPA-LOCCA FL 33169	
TITLE	OFFICER	☒ Delete
NAME	TAHIR PALMONE	
STREET ADDRESS	14125 SW 109 PLACE	
CITY-STATE-ZIP	MIAMI FL 33176	

TITLE	OFFICER	☐ Change ☒ Addition
NAME	MANLYN DINKINS	
STREET ADDRESS	698 ORANGE AVE APT 320	
CITY-STATE-ZIP	LONG BEACH CA 90802	
TITLE	OFFICER	☐ Change ☒ Addition
NAME	LOREN M. JONES	
STREET ADDRESS	2540 SW 180 ST	
CITY-STATE-ZIP	MIAMI FL 33157	
TITLE	OFFICER	☐ Change ☐ Addition
NAME	RAYMOND HARRINGTON (DECEASED)	
STREET ADDRESS	14125 SW 109 PLACE	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	300004324079--6	
CITY-STATE-ZIP	-05/29/01--01002--001	
	*****635.00 *****158.75	
		☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nancy F. Raymond