

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017044

Entity Name: THE LIONS EMPIRE, INC.

FILED
Apr 24, 2004
Secretary of State

Current Principal Place of Business:

221 LONGVIEW AVE., #304
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

221 LONGVIEW AVE., #304
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-0895672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HABER, LAWRENCE H ESQ.
606 FRONT ST.
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIODATI, CHRISTIAN
Address: 221 LONGVIEW AVE. #304
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: LISCIO, SIRO
Address: 24 VINEYARD CT.
City-St-Zip: WOODBRIDGE, ONTARIO CANADA, L4L5N3

Title: D () Delete
Name: DIODATI, LORI
Address: 221 LONGVIEW AVE. #304
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: LUCENTE, VITO
Address: 105 COMOQ AVE.
City-St-Zip: WOODRIDGE, ONTARIO CANADA, L4L5N3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI DIODATI

D

04/24/2004

Electronic Signature of Signing Officer or Director

_____ Date