## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000079890** 04-13-2004 90025 018 \*\*\*158.75 1. Entity Name LIONHEART ASSET MANAGEMENT, INC. Principal Place of Business Mailing Address 4000 HOLLYWOOD BLVD, STE 370-W 66415618 4000 HOLLYWOOD BLVD, STE 370-W HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 4000 Hollywood Blad Suite, Apt. #, etc. Suite, Apt. #, etc. 04232004 CR2E034 (10/03) 5×c 370-City & State City & State 4. FFI Number Applied For HOILU 20 0479734 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USP Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent - ---Name Adom Leon LEON, ADAM Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD, STE 370-W HOLLYWOOD, FL 33021 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, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delele TITLE なきからん ☐ Change TITLE NAME Adamzeon NAME 4000 Hollywood Blvd. Ste 370.W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 17, bookyplioti Addition \_\_\_ Delete TITLE TITLE NAME acott Owen NAME 4000 HOllywood Blvd Ste 370-N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOllywood, FL 33021 CITY-ST-7IP Chief Investment Officer Change **Addition** TITLE ☐ Delete NAME rodd Teseler 4000 HONDWOOD BIND SE 370-N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>PODUNIOH</u> **₩**Addition TITLE TITLE Delete Director nillip Eric Hikelberg Dimp Eric Hikelberg NAME STREET ADDRESS 4000 HONYWOOD BING. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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 ampowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 989 9938

FILED