

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P19003**

1. Entity Name  
**THE LION BREWERY, INC.**



Principal Place of Business  
**700 N. PENNSYLVANIA AVE.  
WILKES BARRE, PA 18705-2451**

Mailing Address  
**700 N. PENNSYLVANIA AVE.  
WILKES BARRE, PA 18705-2451**



01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**24-0645190**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	LAWSON, CHARLES
STREET ADDRESS	33 STEINBECK DRIVE
CITY-ST-ZIP	MOOSIC, PA
TITLE	S
NAME	COVERT, ROBERT J
STREET ADDRESS	16 SLOCUM ST
CITY-ST-ZIP	FORTY FOR, PA
TITLE	T
NAME	BELARDI, PATRICK E
STREET ADDRESS	2504 WINFIELD AVE
CITY-ST-ZIP	SCRANTON, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000600301  
01/26/07-80004-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PATRICK E. BELARDI 1/18/07 (570) 823-8801**

Date

Daytime Phone #