

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000085172

FILED
Mar 03, 2003
Secretary of State

Entity Name: LYONS DIRECT, INC.

Current Principal Place of Business:

7771 W. OAKLAND PARK BLVD
SUITE 100
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

7771 W. OAKLAND PARK BLVD
SUITE 100
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0547881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUYLER, HENRY
7771 W. OAKLAND PARK BLVD., STE 100
SUITE 213
SUNRISE, FL 33351 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: P () Delete
Name: GONZALEZ, EDWARD
Address: 7771 W. OAKLAND PARK BLVD., STE 100
City-St-Zip: SUNRISE, FL

Title: VP () Delete
Name: SCHUYLER, HENRY
Address: 7771 W. OAKLAND PARK BLVD., STE 100
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: HENRY C. SCHUYLER

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03/03/2003

Electronic Signature of Signing Officer or Director

_____ Date