

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000029146 (4)

1. Corporation Name

LITTLE LION PICTURES, INC.



Principal Place of Business

Mailing Address

25 SUMMIT LN  
SAFETY HARBOR FL 34695

25 SUMMIT LN  
SAFETY HARBOR FL 34695

3. Date Incorporated or Qualified

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONS, LEIGH M  
25 SUMMIT LN  
SAFETY HARBOR FL 34695

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if not applicable)

Signature of Registered Agent (signature required when not applicable)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D  
NAME SIMONS, LEIGH M  
STREET ADDRESS 25 SUMMIT LN  
CITY-ST-ZIP SAFETY HARBOR FL 34695

DELETE

TITLE D  
NAME LEONETTI, JOHN R  
STREET ADDRESS 5529 LEMONA AVE  
CITY-ST-ZIP SHERMAN OAKS CA 91411

DELETE

TITLE D  
NAME LEONETTI, MATTHEW  
STREET ADDRESS 1626 CHRISTIAN PKWY  
CITY-ST-ZIP PACIFIC PALISADES EAST CA

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. 1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

Change Addition

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-ST-ZIP

Change Addition

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-ST-ZIP

Change Addition

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-ST-ZIP

Change Addition

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-ST-ZIP

Change Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leigh Simons President 6/4/96 796-3881

CR2E034 (12/95)