

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000066471

1. Entity Name
SUN LIONS, INC.Principal Place of Business
7040 W PALMETTO PK ROAD
STE 4121
BOCA RATON FL 33433
US
Mailing Address
SUN LIONS, INC
7040 W PALMETTO PK RD., SUITE 4-121
BOCA RATON FL 33433
US2. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
ZipCity & State
ZipCountry
6. Name and Address of Current Registered Agent
SANTOPIETRO, JOHN
8796 THAMES RIVER DRIVE
BOCA RATON FL 334334. FEI Number
65-0613076
Applied For
Not Applicable5. Certificate of Status Desired
 \$8.75 Additional
Fee Required7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANTOPIETRO, JOHN 8796 THAMES RIVER DRIVE BOCA RATON FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Santopietro* JOHN SANTOPIETRO 01-07-02 561-361-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90230 044 ***150.00

FLORIDA



DO NOT WRITE IN THIS SPACE