FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000037561 (3)

LION'S SHARE ENTERTAINMENT, INC.							
Principal Place 1004 PEMBLE 1 LEESBURG FL	RD.	Mailing Address 1004 PEMBLE RD. LEESBURG FL 34748-9232				ištas pilvi (šobi Silib oli	Đị IIN HOU
					3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
	s way	26 Lions Way	 		59-3375273		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	Additional Regulred
City & State	e	City & State		- i	Election Campaign Financing		0 May Be
23 hees burg 28 Leesburg					Trust Fund Contribution		d to Fees
Zip TTI Output	Country 25 Lake	Zip J	Country	L	8. This corporation has liability for in		s. 199.032
24 3474	9. Name and Address of Current	Registered Agent	oj ca	Ke	Florida Statutes 10. Name and Address of New Reg	Yes No	
AUS	TIN, RICHARD		81	Name			
1004 PEMBLE RD.				Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
LEESBURG FL 34748				1100	s Way		
			83		O		
			64	City		FL 85 Zip	o Code
11. Pursuant	to the provision, of Sections 607.0502	and 607.1508, Florida Statutes	, the above	named corp	oration subplits this statement for the pi		its registered
office or r agent 1 a	egistered agent, or both, in the State of the familiar with, and accept the obligations are stated to the state of the sta	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	the corporati	oration substits this statement for the prion's board of directors. I hereby accep	t the appointment a	is registered
SIGNATURE	Richa	d Austm. Pr	es D.J	-	4	1/21/97	
(Storage or proved name of registered agen			nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIDECT	700 IN 40
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	
NAME			1.2 NAME	[Vesidon Mush		
STREET ADDRESS			1.3 STREET	ADDRESS 4	Richard Austin Living Way		
CITY-ST-ZIP			1.4 CITY-ST	T-ZIP	Lees burs Th 347	48	
TITLE	DELETE 2.1 TI		2.1 TITLE		0	Change	Addition
NAME			2.2 NAME				
STREET ADORESS			2.3 STREET		. .	٠•	
CHTY - ST - ZIP		DELETE	2.4 CITY-S	17-21P		Change	Addition
TITLE NAME		L.J OELCIC	3.1 TITLE 3.2 NAME			L CHAILUE	L. AGUIDINI
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY - ST - ZIP			3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				1
STREET ADDRESS			4.3 STREET	ADORESS			
CITY - ST - ZIF			4.4 CITY-ST	T-ZIP	······································		
TITLE		DELETE	5.1 TITLE			[] Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CHY-ST-ZIP		DELETE	5.4 CITY-ST 6.1 TITLE	T-ZIP		Change	Addition
TOLE		ביין טנרבוב				change	- Audilion
NAME			6.2 NAME	ADDRESS			
STREET ADDRESS			6.3 STREET 6.4 CITY - ST				
14. 1 do herel	by certify that the information eupplied	with this filing does not qualify	for the exe	mption stated	in Section 119.07(3)(i), Florida Statutes	. I further certify the	at the

The proposition of the same legal effect as if made under or in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on an attachment with an address.

FILED

May 02 1997 8:00am

Secretary of State