

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90381 027 ***150.00

0615268

DOCUMENT # P97000020488

1. Entity Name

LYONHEART PRODUCTIONS, INC.

Principal Place of Business

3161 SOUTH CREAM DR #906
 HALLANDALE FL 33009

Mailing Address

3161 SOUTH CREAM DR #906
 HALLANDALE FL 33009

734474



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0755375

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LA BRUCE, MICHELE S
 3161 SOUTH OCEAN DR 906
 HALLANDALE FL 33009

Name Adam Leon

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

3161 South Ocean Dr. 906

City Hallandale

FL

Zip Code 33009

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD
 NAME LA BRUCE, MICHELE S
 STREET ADDRESS 100 LINCOLN RD., STE 830
 CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ Delete

TITLE PVD
 NAME Adam Leon
 STREET ADDRESS 3161 South Ocean Dr. #906
 CITY-ST-ZIP Hallandale, FL 33009 ☒ Change ☐ Addition

TITLE VP
 NAME LEON, ADAM
 STREET ADDRESS 3161 SOUTH OCEAN DR #906
 CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)