

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000020488**
1. Entity Name
Lyonheart Productions, Inc.

FILED
May 30, 2002 8:00 am
Secretary of State
05-01-2002 91528 034 ***150.00

DO NOT WRITE IN THIS SPACE

90174

2. Principal Place of Business
1580 Shoreline Way
Suite, Apt. #, etc.

3. Mailing Address
1580 Shoreline Way
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Nellywood, FL
Zip
33019
Country
Broward

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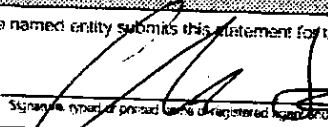
4. FEI Number
65-0755375
Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name **Adam Leon**
Street Address (P.O. Box Number is Not Acceptable)
1580 Shoreline Way
Nellywood, FL Broward
City
FL Zip Code
33019

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  DATE **5-22-02**
Signature of principal place of business or registered agent, or both, if applicable. (NOTE: Registered Agent signature required when re-registering.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Adam Leon
1580 Shoreline Way
Nellywood, FL 33019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Michele La Bruce
1580 Shoreline Way
Nellywood, FL 33019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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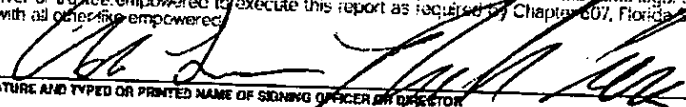
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other fee empowered.

SIGNATURE:  DATE **6-19-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR