FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91528 034 ***150.00

90174

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020488

1. Entity Name
Lyonheart Productions, Inc.

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2. Principal Place of Business
1580 Shoreline Way
Suite, Apt. #, etc.
Hollywood, FL
Zip 33019
Country Broward

3. Mailing Address
1580 Shoreline Way
Suite, Apt. #, etc.
City & State Hollywood, FL
Zip 33019
Country Broward

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
City Hollywood, FL Broward
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name is changed)

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 $550.00
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	President
NAME	Adam Leon
STREET ADDRESS	1580 Shoreline Way
CITY-ST-ZIP	Hollywood, FL 33019
TITLE	Vice President
NAME	Michele La Bruce
STREET ADDRESS	1580 Shoreline Way
CITY-ST-ZIP	Hollywood, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4.19.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #