2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90086 049 ***150.00

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DOCUMENT #: P97000056403

1. Entity Name
COEUR DE LION, INC.

Principal Place of Business	Mailing Address
617 CLEVELAND STREET. SUITE #1 CLEARWATER FL 33755	P.O. BOX 1564 LARGO FL 33779 US

2. Principal Place of Business	3. Mailing Address
1610 N. MYRTLE AV.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State
Zip: 33755 — Country: US	Zip — Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3455882 ☐ Applied For ☐ Not Applicable

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
ALBRO, STAN 617 CLEVELAND STREET, SUITE #1 CLEARWATER FL 33755	Name: STAN ALBRO Street Address (P.O. Box Number is Not Acceptable): 1610 N. MYRTLE AV. City: CLEARWATER FL Zip Code: 33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] STAN ALBRO — 13 Jan. 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALBRO, STAN 617 CLEVELAND STREET, SUITE #1 CLEARWATER FL 33755 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1610 N. MYRTLE AV.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROBIN, ALBRO 617 CLEVELAND STREET #1 CLEARWATER FL 33755 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1610 N. MYRTLE AV.
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] STAN ALBRO, PD — 13 Jan 03 — 727-442-4808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #