2000 UNIFORM BUSINESS REPORT/UBR) FILED Jun 21, 2000 8:00 am Secretary of State DOCUMENT # P98000066346 1. Entity Name LION EQUITY HOLDING CORP. 05-24-2000 90159 040 ***150.00 Principal Place of Business Mailing Address 1005 CEANGH BRIER-ROAD #207 ACCE CHANGLE DIVER DOAD, #200 BOCA-RATON FL 22422-7668 BOCA-RATON-FL 23422-2. Principal Place of Business 3. Mailing Address 9<u>51</u> u 4th ave 319 SW 5+h Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State APPLIED FOR Not Applicable **Bora** (\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable), 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE Addition ☐ Delete TITLE 1319 Sw 5+have DEFEUDIS, EDWARD C NAME STREET ADDRESS STREET ADDRESS 1995 SPANICH FIVER FIOAD #293 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change ☐ Addition Delete DRE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE __ Change _ Addition Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY ST ZIP-☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 cath; 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 expowered. G OFFICER BY GIRECTOR Davuma Phone #