## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P99000068346 LION HEART ENTERTAINMENT, INC. 05-05-2000 90097 037 \*\*\*150.00 Mailing Address Principal Place of Business 11272 SW 58TH PLACE 11272 SW 58TH PLACE COOPER CITY FL 33330 COOPER CITY FL 33330-4589 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 65-0951685 Not Applicable Country \$8.75 Additional Zin. Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATSON, VERNON Street Address (P.O. Box Number is Not Acceptable) 11272 SW 58TH PLACE COOPER CITY FL 33330 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PVST** ☐ Change ☐ Delete TITLE TITLE WATSON, VERNON NAME NAME STREET ADDRESS 11272 SW 58TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33330 Change ☐ Addition Delete DILE WATSON, VERNON NAME NAME STREET ADDRESS 11272 SW 58TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP COOPER CITY FL 33330 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trystee empewered 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 engowered.

SIGNATURE: \_\_\_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-00

1954/610 4125

Daytime Phone #