

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90146 035 ***150.00

DOCUMENT # S47099

1. Entity Name

LION PROPERTY, INC.

Principal Place of Business

Mailing Address

C/O PAVIA & HARCOURT
 600 MADISON AVE., 12TH FL.
 NEW YORK NY 10022
 US

C/O PAVIA & HARCOURT
 600 MADISON AVE., 12TH FL.
 NEW YORK NY 10022-1615
 US

2. Principal Place of Business

3. Mailing Address

C/O LA SEVEN INC 315 WEST 57TH ST. C/O LA SEVEN INC. 315 WEST 57TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

405

405

City & State

NEW YORK N.Y.

City & State

NEW YORK N.Y.

4. FEI Number

65-0278703

Applied For

Not Applicable

Zip

10019

Country

Zip

10019

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
CORTI, ALBERTO
 STREET ADDRESS **VIA AL PONTE 9 6900**
 CITY-ST-ZIP **MASSAGNE, SWITZERLAND**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
PAVIA, GEORGE M
 STREET ADDRESS **600 MADISON AVE, 12TH FL**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sal Pavia
SAL PAVIA C.P.A. 1/11/00 212-582-7777

CR2E034 (9/99)