

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S47099

1. Entity Name

LION PROPERTY, INC.

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90170 003 ***550.00

Principal Place of Business

Mailing Address

C/O LA SEVEN INC
 315 WEST 57TH ST #405
 NEW YORK NY 10019
 US

C/O LA SEVEN INC
 315 WEST 57TH ST #405
 NEW YORK NY 10019
 US

2. Principal Place of Business

C/O PAVIA-HARCOURT

3. Mailing Address

C/O PAVIA-HARCOURT

Suite, Apt. #, etc.

600 MADISON AVENUE

Suite, Apt. #, etc.

600 MADISON AVENUE

City & State

NEW YORK

City & State

NEW YORK

Zip

10022

Country

U.S.A.

Zip

10022

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0278703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
 NAME FANGELLI NICOLA
 STREET ADDRESS BEACON HUSE, 15 CHRISTCHURCH ROAD,
 CITY-ST-ZIP BURENEMUTH, DORSET BN1 3LB ENGLAND

TITLE D ☐ Change ☒ Addition
 NAME BULL DAVID JAMES
 STREET ADDRESS BEACON HUSE, 15 CHRISTCHURCH ROAD,
 CITY-ST-ZIP BURENEMUTH, DORSET BN1 3LB ENGLAND

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

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

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

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:

David James Bull
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/01

Date

01144120255166

Daytime Phone #