

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 03, 2004 08:00 AM

Secretary of State

DOCUMENT # F01000001567

1. Entity Name

INTERNATIONAL SPORTS PROPERTIES INC.



Principal Place of Business

140 CLUB OAKS COURT
WINSTON-SALEM, NC 27104

Mailing Address

140 CLUB OAKS COURT
WINSTON-SALEM, NC 27104

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

56-1774026

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000031975
02/04/04-80170-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SUTTON JR, BEN C
STREET ADDRESS	140 CLUB OAKS COURT
CITY-ST-ZIP	WINSTON-SALEM, NC
TITLE	V
NAME	POTTER, JOSEPH W
STREET ADDRESS	140 CLUB OAKS COURT
CITY-ST-ZIP	WINSTON-SALEM, NC
TITLE	S
NAME	NEWTON, T. LAWSON
STREET ADDRESS	140 CLUB OAKS COURT
CITY-ST-ZIP	WINSTON-SALEM, NC
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mark Reece
Controller

1/6/04 (336) 768-3400 ext 125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #