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Jun 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003857 (7)**

1. Corporation Name
LEGEND SPORTS, INC.

Principal Place of Business	Mailing Address
237 S. WESTMONTE DR. SUITE 140 ALTAMONTE SPRINGS FL 32714	237 S. WESTMONTE DR. SUITE 140 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1996

2. Principal Place of Business	2a. Mailing Address
21 914 MATANZAS AVE	26 914 MATANZAS AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL
Zip 24 33146 Country 25 USA	Zip 29 33146 Country 30 USA

4. FEI Number: 64-0841345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HODGE, FLOYD L 237 S WESTMONTE DR SUITE 140 ALTAMONTS SPGS FL 32714	81 Name: GARY D. LIPSON, AS RECEIVER OF LEGEND 82 Street Address (P.O. Box Number is Not Acceptable): SPORTS, INC. 83 914 MATANZAS AVE. 84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] GARY D. LIPSON, RECEIVER OF LEGEND SPORTS, INC. DATE: 6/8/98
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STAPLES, JAMES T		1.2 NAME		
STREET ADDRESS	248 SHADY OAKS CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DENMEAD, LINDA		2.2 NAME		
STREET ADDRESS	1127 ODAY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, BOBBY		3.2 NAME		
STREET ADDRESS	6210 ANDERSON AVE NW		3.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, JACK		4.2 NAME		
STREET ADDRESS	6301 RICHLAND COLONY		4.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	RECEIVER	☐ Change ☒ Addition
NAME			5.2 NAME	GARY D. LIPSON	
STREET ADDRESS			5.3 STREET ADDRESS	914 MATANZAS AVE.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33146	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	PLEASE SEE ATTACHED AGREED ORDER	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: [signature] GARY D. LIPSON, AS RECEIVER OF 6/8/98 305-667-2538