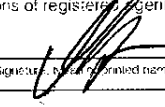
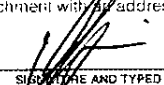


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90073 033 ***150.00

DOCUMENT # F96000003857 1. Entity Name LEGEND SPORTS, INC.					
Principal Place of Business 9350 SOUTH DIXIE HIGHWAY SUITE 1550 CORAL GABLES, FL 33156 US			Mailing Address 9350 SOUTH DIXIE HIGHWAY SUITE 1550 MIAMI, FL 33156 US		
2. Principal Place of Business P/O GARY D. LIPSON, AS RECEIVER Suite, Apt. #, etc. P.O. Box 566777 City & State MIAMI, FL Zip 33256 Country USA		3. Mailing Address P/O GARY D. LIPSON, AS RECEIVER Suite, Apt. #, etc. P.O. Box 566777 City & State MIAMI, FL Zip 33256 Country USA			
4. FEI Number 64-0841345				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01132004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GARY D. LIPSON 9350 SOUTH DIXIE HIGHWAY SUITE 1550 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name GARY D. LIPSON Street Address (P.O. Box Number is Not Acceptable) 914 MATANZAS AVE. City CORAL GABLES FL Zip Code 33146		
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:  AS RECEIVER GARY D. LIPSON, AS RECEIVER 1/15/04 Signature is not printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R LIPSON, GARY D. 9350 SOUTH DIXIE HIGHWAY STE 1550 MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY-ST-ZIP	914 MATANZAS AVE CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  AS RECEIVER GARY D. LIPSON, AS RECEIVER 1/15/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					