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	Mailing Address
~~9350 SOUTH DIXIE HIGHWAY~~	~~9350 SOUTH DIXIE HIGHWAY~~
~~SUITE 1550~~	~~SUITE 1550~~
~~CORAL GABLES, FL 33156 US~~	~~MIAMI, FL 33156 US~~

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
C/O GARY D. LIPSON, AS RECEIVER	C/O GARY D. LIPSON, AS RECEIVER
Suite, Apt. #, etc.: P.O. BOX 566777	Suite, Apt. #, etc.: P.O. BOX 566777
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33256 Country: USA	Zip: 33256 Country: USA

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

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

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: [signature] AS RECEIVER GARY D. LIPSON, AS RECEIVER 1/15/04
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	R	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LIPSON, GARY D.		NAME		
STREET ADDRESS	~~9350 SOUTH DIXIE HIGHWAY STE 1550~~		STREET ADDRESS	914 MATANZAS AVE	
CITY-ST-ZIP	~~MIAMI, FL 33156~~		CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [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 #