

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000085598

Entity Name: CITY OF LEGENDS, INC.

FILED
Apr 20, 2010
Secretary of State

Current Principal Place of Business:

1101 CITRUS TOWER BLVD
@NTC SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711

New Principal Place of Business:

1101 CITRUS TOWER BLVD
@ NTC / SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711

Current Mailing Address:

1101 CITRUS TOWER BLVD
@ NTC SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711

New Mailing Address:

1101 CITRUS TOWER BLVD
@ NTC / SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711

FEI Number: 71-0864382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDOWELL, SAMUEL E
1101 CITRUS TOWER BLVD
@NTC SPORTS MEDICINE INSTITUTE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MCDOWELL, SAMUEL E
12902 BROWN BARK TRAIL
CLERMONT, FL 34711 US

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: SAMUEL E. MCDOWELL

04/20/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MCDOWELL, SAMUEL E
Address: 12902 BROWN BARK TRAIL
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL E. MCDOWELL

PRES

04/20/2010

Electronic Signature of Signing Officer or Director

Date