

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000088522 1. Entity Name GT SPORTS & ENTERTAINMENT, INC.						FILED 2008 APR 30 AM 10:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1221 BRICKELL AVENUE MIAMI, FL 33131 US				Mailing Address 1221 BRICKELL AVENUE MIAMI, FL 33131 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GARRETT, RICHARD G 1221 BRICKELL AVENUE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301			
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 <u><i>Patricia Tadlock</i></u> Patricia Tadlock, Asst. Sec. 4/29/08 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D ALVAREZ, CESAR L 1221 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300127281243 04/30/08--01009--026 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HIRSCH, DAVID E 1221 BRICKELL AVENUE MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>David E Hirsch</i></u> DAVID E HIRSCH 4/18/08 305-579-0500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							