


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000017757
 1. Entity Name
 IMAGE SPORTS COLLECTIBLES, INC.



Principal Place of Business Mailing Address
 13031 SOUTHWEST 11TH STREET 13031 SOUTHWEST 11TH STREET
 FT. LAUDERDALE, FL 33325 FT. LAUDERDALE, FL 33325

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0361621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIBOWITZ, JERRY
 7890 SHOALS DR. APT A
 ORLANDO, FL 32817

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000083 DATES
 04/21/08 00025-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FAULKER, BOB
STREET ADDRESS	13031 SOUTHWEST 11TH STREET
CITY-ST-ZIP	FT. LAUDERDALE, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert D. Faulkner 4-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #