

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90024 024 \*\*\*150.00

**DOCUMENT # V20172**

1. Entity Name

SPORTS LEGENDS PHOTOS, INC.



Principal Place of Business

466 HOLIDAY DRIVE  
HALLANDALE FL 33009

Mailing Address

466 HOLIDAY DRIVE  
HALLANDALE FL 33009

2. Principal Place of Business

466 HOLIDAY DR.

3. Mailing Address

Box 2008

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE, FL

Zip

33009

Country

USA

Zip

33008

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0328834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR J.  
466 HOLIDAY DRIVE  
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, ARTHUR J.	
STREET ADDRESS	466 HOLIDAY DR.	
CITY - ST - ZIP	HALLANDALE, FKL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, CAROLE F.	
STREET ADDRESS	466 HOLIDAY DR.	
CITY - ST - ZIP	HALLANDALE, FKL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** ARTHUR J. ROSENBERG - Arthur Rosenberg 1/30/04 954-454-7355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #