


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90043 012 \*\*\*550.00

**DOCUMENT # V24299**  
 1. Entity Name  
 IPC SPORTS INC.



Principal Place of Business  
 % INTERNATIONAL PLAYERS CHAMPIONSHIP  
 150 ALHAMBRA CIRCLE, STE. 825  
 CORAL GABLES, FL 33134

Mailing Address  
 % INTERNATIONAL PLAYERS CHAMPIONSHIP  
 150 ALHAMBRA CIRCLE, STE. 825  
 CORAL GABLES, FL 33134

**50060240**



2. Principal Place of Business  
 401 E Las Olas Blvd

3. Mailing Address  
 401 E Las Olas Blvd

Suite, Apt. #, etc.  
 1400

Suite, Apt. #, etc.  
 1400

07302005 Chg-P CR2E034 (10/03)

City & State  
 Ft. Lauderdale, FL

City & State  
 Ft. Lauderdale, FL

Zip  
 33301

Country  
 Brunel

Zip  
 33301

Country  
 Brunel

4. FEI Number  
 65-0324687

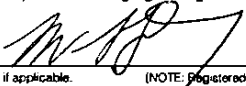
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent  
 Name: Earl M Buchholz, Jr.  
 Street Address (P.O. Box Number is Not Acceptable): 401 E Las Olas Blvd  
 Sta 1400  
 City: Ft. Lauderdale FL Zip Code: 33301

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:  DATE: 8/1/05

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

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	PCT BUCHHOLZ, EARL (BUTCH) 4725 DAVIS RD MIMAI, FL <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	VS BUCHHOLZ, EARL III 1113 S.E. 8TH ST. FORT LAUDERDALE, FL 33316 <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
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
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
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 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:  DATE: 8/1/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #