FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-30-96 B-6648 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # V55673 (0)

1. Corporation Name
LEGEND SPORTS, INC.

Principal Place of Business
~~470 W. CENTRAL PARKWAY~~
~~SUITE 1004~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

Mailing Address
~~470 W. CENTRAL PARKWAY~~
~~SUITE 1004~~
~~ALATMONTE SPRINGS FL 32714~~
~~US~~

2. Principal Place of Business
21 237 S. Westmonte Dr.
Suite, Apt. #, etc.
22 140
City & State
23 Altamonte Springs, FL
Zip 24 32714 Country 25 USA

2a. Mailing Address
26 237 S. Westmonte Dr.
Suite, Apt. #, etc.
27 140
City & State
28 Altamonte Springs, FL
Zip 29 32714 Country 30 USA

3. Date Incorporated or Qualified: 08/06/1992
3a. Date of Last Report: 03/27/1995
4. FEI Number: 62-1437188 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BELLEVILLE, ESQUIRE
815 ORIENTA AVENUE
SUITE 6
ALTAMONTE SPRGS FL 32714

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	~~STAPLES, JAMES T.~~	
STREET ADDRESS	~~470 W. CENTRAL PKWY~~	
CITY-ST-ZIP	~~ALTAMONTE SPRGS FL~~	
TITLE	D	☐ DELETE
NAME	~~DEAS, JAMES~~	
STREET ADDRESS	~~470 W. CENTRAL PARKWAY~~	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	
TITLE	D	☐ DELETE
NAME	~~TRONCOLLI, VICK~~	
STREET ADDRESS	~~470 WEST CENTERAL PARKWAY~~	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres	☑ Change ☐ Addition
1.2 NAME	Reecer, Phil	
1.3 STREET ADDRESS	237 S. Westmonte Drive, Ste. 140	
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
2.1 TITLE	CEO	☑ Change ☐ Addition
2.2 NAME	Staples, James T.	
2.3 STREET ADDRESS	237 S. Westmonte Drive, Ste. 140	
2.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
3.1 TITLE	V.P.	☑ Change ☐ Addition
3.2 NAME	Denmead, Linda	
3.3 STREET ADDRESS	237 S. Westmonte Drive, Ste. 140	
3.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
4.1 TITLE	D	☑ Change ☐ Addition
4.2 NAME	Riddle, Landon	
4.3 STREET ADDRESS	237 S. Westmonte Drive, Ste. 140	
4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
5.1 TITLE	D	☑ Change ☐ Addition
5.2 NAME	McKeehan, Burr	
5.3 STREET ADDRESS	237 S. Westmonte Drive, Ste. 140	
5.4 CITY-ST-ZIP	Altamonte Springs, FL 32714	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda Denmead 5/22/96 407-862-9309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #