# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## DOCUMENT # V63859 (5)

1. Corporation Name
**NEIGHBORHOOD TENNIS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 20796 BOCA RIDGE DRIVE NORTH<br>BOCA RATON FL 33428 | 20796 BOCA RIDGE DRIVE NORTH<br>BOCA RATON FL 33428 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1992
3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0367492 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| JANE FATIGATI<br>~~20796 BOCA RATON RIDGE DR. N.~~<br>BOCA RATON FL 33428 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) 20796 Boca Ridge Dr. N.<br>83<br>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 Jane E. Fatigati (JANE E. FATIGATI) 5/18/95

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|---|
| TITLE | D | ☑ Change ☐ Addition |
| NAME | GLENN, JIM | Jim Glenn is no longer associated with Neighbor-hood Tennis, Inc. |
| STREET ADDRESS | 800 FOXMOOR LANE | |
| CITY-ST-ZIP | LAKE ZURICH IL | |
| TITLE | D | ☑ Change ☐ Addition |
| NAME | FATIGATI, JANE F. | Jane Fatigati's middle initial is E (for Ellen) D P President |
| STREET ADDRESS | 20796 BOCA RIDGE DR. N. | |
| CITY-ST-ZIP | BOCA RATON FL | P/D |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 the 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:** Jane E. Fatigati JANE E. FATIGATI 5/18/95 407-488-7159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0265038 CP

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FLORIDA DEPARTMENT OF STATE

Secretary of State

DOCUMENT # V63953 (6)

1\. Corporation Name

**LEGEND ENTERTAINMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 921 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 | 921 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 |

DO NOT WRITE IN THIS SPACE

3\. Date Incorporated or Qualified: 09/15/1992

3a. Date of Last Report: 05/23/1994

4\. FEI Number: 59-2427358 — 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

2\. Principal Office if Changed / 2a Mailing Address

21 / 26 Suite, Apt. #, etc.

22 / 27 City & State

23 / 28 Zip / County

24 / 25 / 29 / 30

**9. Name and Address of Current Registered Agent**

WORLEY, DEWEY R.
1512 W. COLONIAL DRIVE
ORLANDO FL 32804

**10. Name and Address of New Registered Agent**

81 Name: Dewey R Worley

82 Street Address (P.O. Box Number is Not Acceptable): 3241 Wicktowen Rd

83 Orlando FLA

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PSTD | 1 TITLE | Change / Addition |
| NAME | WORLEY, DEWEY R | 1 NAME | |
| STREET ADDRESS | 1512 W. COMMERCIAL DR. | 1 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 1 CITY-ST-ZIP | |
| TITLE | | 2 TITLE | Change / Addition |
| NAME | | 2 NAME | |
| STREET ADDRESS | | 2 STREET ADDRESS | |
| CITY-ST-ZIP | | 2 CITY-ST-ZIP | |
| TITLE | | 3 TITLE | Change / Addition |
| NAME | | 3 NAME | |
| STREET ADDRESS | | 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3 CITY-ST-ZIP | |
| TITLE | | 4 TITLE | Change / Addition |
| NAME | | 4 NAME | |
| STREET ADDRESS | | 4 STREET ADDRESS | |
| CITY-ST-ZIP | | 4 CITY-ST-ZIP | |
| TITLE | | 5 TITLE | Change / Addition |
| NAME | | 5 NAME | |
| STREET ADDRESS | | 5 STREET ADDRESS | |
| CITY-ST-ZIP | | 5 CITY-ST-ZIP | |
| TITLE | | 6 TITLE | Change / Addition |
| NAME | | 6 NAME | |
| STREET ADDRESS | | 6 STREET ADDRESS | |
| CITY-ST-ZIP | | 6 CITY-ST-ZIP | |

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)(i), Florida Statutes. I further certify that the information indicated on the 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:** Dewey R Worley — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5 16 95 — Date — Daytime Phone

CP