

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000074600 (5)**  
1. Corporation Name

**SYNERGY SPORTS MARKETING USA, INC.**



Principal Place of Business Mailing Address  
**5TH FLOOR  
455 S. ORANGE AVE. STE 505  
ORLANDO FL 32801**

3. Date Incorporated or Qualified **10/11/1994** 3a. Date of Last Report **08/15/1995**  
4. FEI Number **59-3264083** 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. 190.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 ~~SUITE 120B~~ **930 Woodcock Rd** Suite, Apt #, etc **Same**  
22 ~~OR~~ **SUITE 120B** Suite, Apt #, etc  
23 **ORLANDO, FL.** City & State  
24 **32803** Zip Country **USA** 25  
26 **ORLANDO, FL.** City & State  
27  
28  
29 Zip Country  
30

9. Name and Address of Current Registered Agent  
**RATLIFF, DONALD E  
5TH FLOOR  
455 S. ORANGE AVE.  
ORLANDO FL 32801** *Address change*

10. Name and Address of New Registered Agent  
81 Name **Donald RATLIFF**  
82 Street Address (P.O. Box Number is Not Acceptable) **930 Woodcock Rd SUITE 120B**  
83  
84 City **ORLANDO** 85 Zip Code **FL 32803**

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 **DONALD E. RATLIFF** *Donald E. Ratliff* **7/31/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATLIFF, DONALD E</b>	12 NAME	
STREET ADDRESS	<b>9034 CRICHTON WOODS</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	14 CITY-ST-ZIP	
TITLE	<b>MP</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORTON, STEVEN</b>	22 NAME	
STREET ADDRESS	<b>56 MARSHWALL LONDON DOE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>LONDON, E149UE</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOUCHENOUR, LEE</b>	32 NAME	
STREET ADDRESS	<b>455 S ORANGE AVE. 6TH FLOOR</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 this annual report or supplement 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Donald E. Ratliff** *Donald E. Ratliff* **7/31/96** **(407)895-0015**

CR2E034 (3/96)