

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90167 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000074600**

1. Corporation Name  
**SYNERGY SPORTS MARKETING USA, INC.**



Principal Place of Business 7575 DR. PHILLIPS BLVD STE <del>200</del> 220 ORLANDO FL 32819 US	Mailing Address 7575 DR. PHILLIPS BLVD STE <del>200</del> 220 ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>7575 Dr PHILLIPS BLVD</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>SUITE #11 220</b>	Suite, Apt. #, etc. 27
City & State 23 <b>ORLANDO FL</b>	City & State 28 <b>Same</b>
Zip 24 <b>32819</b>	Country 25 <b>USA</b>

3. Date Incorporated or Qualified <b>10/11/1994</b>	Applied For Not Applicable
4. FEI Number <b>59-3264083</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RATLIFF, DONALD**  
~~9034 CRICHTON WOODS LANE~~  
~~ORLANDO FL 32819~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>RATLIFF, DONALD E</b>	
STREET ADDRESS	<del>9034 CRICHTON WOODS</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32819</del>	
TITLE	<b>MP</b>	<input type="checkbox"/> DELETE
NAME	<b>NORTON, STEVEN</b>	
STREET ADDRESS	<b>56 MARSHWALL LONDON BOE</b>	
CITY-ST-ZIP	<b>LONDON, E149UE</b>	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<b>GOUGHENOUR, LEE</b>	
STREET ADDRESS	<b>455 S ORANGE AVE. 6TH FLOOR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>7575 Dr. Phillips Blvd.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Suite 220</b>	
1.3 STREET ADDRESS	<b>Orlando, FL 32819</b>	
1.4 CITY-ST-ZIP	<b>U.S.A.</b>	
2.1 TITLE	<b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Norton Steve</b>	
2.3 STREET ADDRESS	<b>48 GRAYS-LINN Rd</b>	
2.4 CITY-ST-ZIP	<b>LOWDOWN WC1K8LT</b>	
3.1 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Eckner, Dick</b>	
3.3 STREET ADDRESS	<b>4410 N. S.R. 7th</b>	
3.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33319</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Dusibel R. Korte **REQUIRED** Date: 4/28/99 Daytime Phone #: 407-352-8290

CR2E034 (11/98)