FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91906 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000057335

1. Entity Name
SYNERGY ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
2851 US 19 HOLIDAY, FL 34691	2851 US 19 HOLIDAY, FL 34691

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2851 US19	2851 US19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holiday Fl	City & State: Hudson, Fl
Zip: 34691 Country: USA	Zip: 34667 Country: USA

4. FEI Number: 41-2042707 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Victor L Caudill
Street Address (P.O. Box Number is Not Acceptable): 7608 Cypress Knee Dr
City: Hudson FL Zip Code: 34667

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: Victor L Caudill — 4-30-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PSTD CAUDILL, VICTOR 2851 US 19 HOLIDAY, FL 34691	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Victor L Caudill, Victor Caudill — 4-30-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #