

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045498

1. Corporation Name

~~U.S. AMATEUR SPORTS, INC.~~
ECOM ECOM.COM, INC.

Principal Place of Business

8125 MONETARY DR
SUITE H-4
RIVIERA BEACH FL 33404
US

Mailing Address

8125 MONETARY DR
SUITE H-4
RIVIERA BEACH FL 33404
US

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90107 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

4. FEI Number

65-0538051

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PANAIA, DAVID
10 WYNDHAM LN
PALM BEACH GARDENS FL 33418

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

David Pania

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME PANAIA, DAVID
STREET ADDRESS 10 WYNDHAM LN
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ DELETE

TITLE D
NAME BERGMAN, GERALD
STREET ADDRESS 10692 HIDDEN LAKE CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

☐ DELETE

TITLE SD
NAME THOMAS, THOMAS L
STREET ADDRESS 3844 DOGWOOD CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ DELETE

TITLE D
NAME ENTERLINE, JACK J
STREET ADDRESS 1010 GRANDVIEW BLVD
CITY-ST-ZIP FORT PIERCE FL 34982

☒ DELETE

TITLE D
NAME LACASSE, RENE
STREET ADDRESS 4388 DAWN RIDGE STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

David Pania
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)