

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90004 010 ***550.00

DOCUMENT # **P98000094057** ✓
Corporation Name

U.S. SPORTS IMAGING, INC.

Principal Place of Business
**36 NORTH ALCANIZ STREET
PENSACOLA FL 32503**

Mailing Address
**3496 NORTH ALCANIZ STREET
PENSACOLA FL 32503**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/04/1998	
4. FEI Number 59-3538860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CHASE, JAMES L 101 EAST GOVERNMENT STREET PENSACOLA FL 32501	
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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS -ZIP	D DURKEE, SHANE L 3496 NORTH ALCANIZ STREET PENSACOLA FL 32503 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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 stated 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-99 **850-432-7764**

CR2E034 (5/99)

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