


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0127421 AT

DOCUMENT # P99000025717 1. Entity Name SUNGOLD HOLDINGS, INC.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 28 PM 12:41

Principal Place of Business 1809 S. ORANGE AVENUE ORLANDO FL 32806	Mailing Address P.O. BOX 5090 WINTER PARK FL 32793 07
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number 59-3563785	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent STEINBERG, CHARLES L 2869 S. DELANEY AVENUE ORLANDO FL 32806	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
 After September 10, 2003 Fee will be \$750.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD GENTRY, ROBERT H IV	<input type="checkbox"/>
NAME	5745 OAK HOLLOW LANE	
STREET ADDRESS	ORLANDO FL 32765	
CITY-ST-ZIP		
TITLE	VSTD GENTRY, ROBERT H III	<input type="checkbox"/>
NAME	5745 OAK HOLLOW LANE	
STREET ADDRESS	ORLANDO FL 32765	
CITY-ST-ZIP		
TITLE	VD GENTRY, CHESTON R	<input type="checkbox"/>
NAME	2792-B CURRY FORD ROAD	
STREET ADDRESS	ORLANDO FL 32806	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

000022765580
09/04/03--01091--009 **558.75

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 others, who are empowered.

SIGNATURE:  **REQUIRED Robert H. GENTRY IV, Pres** 407-422 6162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 08/21/03 Daytime Phone #

CR2E034 (4/03)