

FLORIDA

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000002173

1. Entity Name
BIG DOG USA, INC.



Principal Place of Business
121 GRAY AVE.
SUITE 300
SANTA BARBARA, CA 93101

Mailing Address
121 GRAY AVE.
SUITE 300
SANTA BARBARA, CA 93101



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
77-0395316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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IN THIS SPACE

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000042337
02/10/04-80019-009 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FESHBACH, ANDREW
STREET ADDRESS 121 GRAY AVE.
CITY-ST-ZIP SANTA BARBARA, CA 93101

TITLE T
NAME MORRIS, ROBERTA
STREET ADDRESS 121 GRAY AVE.
CITY-ST-ZIP SANTA BARBARA, CA 93101

TITLE VPS
NAME WALL, ANTHONY J
STREET ADDRESS 121 GRAY AVENUE
CITY-ST-ZIP SANTA BARBARA, CA 93101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/04 805-963-8727