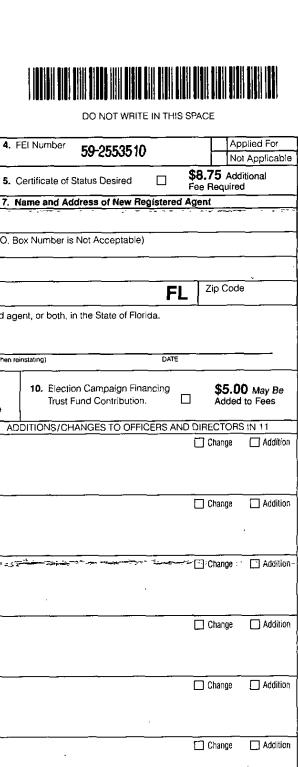
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # H54346** 1. Entity Name BULLDOG LOUNGE & PACKAGE, INC. Principal Place of Business Mailing Address 19 BRUCE AVENUE CCC S. SCENIC HWY. FROSTPROOF FL 33843 FROSTPROOF FL 33843-1912 3. Mailing Address 2. Principal Place of Business 608 South Suite, Apt. #, etc. 4. FEI Number City & State Zip Country 6. Name and Address of Current Registered Agent HIGGINBOTTOM, DAVID B Street Address (P.O. Box Number is Not Acceptable) 101 EAST WALL ST. FROSTPROOF FL 33843 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILED Jun 08, 2000 8:00 am Secretary of State

06-08-2000 90017 004 ***150.00



13. 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 11 or Block 12 if chapter with all other like empowered or one or attachment with an address with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

9. This corporation is eligible to satisfy its Intangible

OFFICERS AND DIRECTORS

Tax filing requirement and elects to do so.

LYNN, WILLOW S

2 MCCARTH AVE

LYNN, JOHNNY

2 MCCARTHY AVE

FROSTPROOF FL 33843

FROSTPROOF FL 33843

(See criteria on back)

11.

TITLE

NAME

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NAME

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NAME STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone