2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90211 036 ***150.00

DOCUMENT # P02000024929

1. Entity Name
BLUDOG, INC.

Principal Place of Business	Mailing Address
3540 SOUTH OCEAN BLVD. -SUITE 211 SOUTH PALM BEACH, FL 33480	3540 SOUTH OCEAN BLVD. -SUITE 211 SOUTH PALM BEACH, FL 33480

2. Principal Place of Business	3. Mailing Address
28 Woodside Drive	Same as 2.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New City NY	City & State
Zip: 10956 Country: Rockland	Zip Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0647645 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 626 EAST PARK AVENUE TALLAHASSEE, FL 32301	Name: LAUREL G. KARAS Street Address (P.O. Box Number is Not Acceptable): 300 OCEAN TRAIL WAY #1101 City: JUPITER FL Zip Code 33477

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: Laurel G Karas — 3/31/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	President Laurel G. Karas 300 Ocean Trail Way #1101 Jupiter, FL 33477	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	V.P., Secty, Treas. Aaron B. Karas 300 Ocean Trail Way #1101 Jupiter, FL 33477	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 other like empowered.

SIGNATURE: Laurel G Karas — 3/31/03 — 5617411987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Laurel G. Karas, Pres.