


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90137 020 \*\*\*150.00

DOCUMENT # *P02000042201*  
1. Entity Name  
*BULLDOG LINUX, INC*



**DO NOT WRITE IN THIS SPACE**

*11029830*

2. Principal Place of Business  
*4281 W. MCNAB RD*  
Suite, Apt. #, etc. *#27*  
City & State *POMPANO BEACH*  
Zip *33069* Country *BROWARD*

3. Mailing Address  
*4281 W. MCNAB RD*  
Suite, Apt. #, etc. *#27*  
City & State *POMPANO BEACH*  
Zip *33069* Country *BROWARD*

DO NOT WRITE IN THIS SPACE

4. FEI Number *75-3047684* Applied For  Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT BRETT S. KISLIN 4281 W. MCNAB RD #27 POMPANO BEACH FL 33069</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Brett S. Kalin* *April 28, 2003* *954-935-5699*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)