


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91845 011 ***150.00

90113640

| | |
|--|---|
| DOCUMENT # P02000083705 1. Entity Name Underdog Enterprises Inc. |  |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 7967 South O.B.T. | 3. Mailing Address 1681 Algonquin Tr |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State Orlando FL | City & State Maitland FL |
| Zip 32809 | Zip 32751 |
| Country Orange | Country Orange |

DO NOT WRITE IN THIS SPACE

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|-----------------------------------|--|---|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 37-1438694 | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | 7. Name and Address of Current Registered Agent | |
| | Name Miro Rajsky Street Address (P.O. Box Number is Not Acceptable) 1681 Algonquin Tr. City Maitland FL Zip Code 32751 | |

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

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 President NAME Miro Rajsky STREET ADDRESS 1681 Algonquin Tr. CITY - ST - ZIP Maitland FL 32751 | TITLE NAME STREET ADDRESS CITY - ST - ZIP |
| TITLE Melissa Rajsky NAME 1681 Algonquin Tr. STREET ADDRESS Maitland FL 32751 CITY - ST - ZIP | 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/25/03

407-682-1977

CR2E034B (12/02)