2008 FOR PROFIT CORPORATION

Feb 08, 2008 08:00 AN Secretary of State DOCUMENT # P06000061996 1. Entity Name METRO UNDERGROUND INC Principal Place of Business Mailing Address 11095 MARYSVILLE STREET 11095 MARYSVILLE STREET SPRING HILL, FL 34609 SPRING HILL, FL 34609 02052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4803919 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BOSCO, ANTHONY I DO NOT WRITE 11095 MARYSVILLE STREET SPRING HILL, FL 34609 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. <u> 19708-80011-015 150.00</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstaling) - 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees _ After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BOSCO, ANTHONY I NAME 11095 MARYSVILLE STREET STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 employment to assecute 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 place in the place of the chapter 607.

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED