

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90074 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                                         | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| <b>DOCUMENT # P94000090905</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 1. Corporation Name<br><b>BIG DOG HOLDINGS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| Principal Place of Business<br><b>1016 CLEMONS STREET<br/>SUITE 400<br/>JUPITER FL 33477<br/>US</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                   | Mailing Address<br><b>1016 CLEMONS STREET<br/>SUITE 400<br/>JUPITER FL 33477<br/>US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address                                                               |                                                                                         | 3. Date Incorporated or Qualified<br><b>12/14/1994</b>                                                                               |  |
| 21 Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 26 Suite, Apt. #, etc.                                                            |                                                                                         | 4. FEI Number<br><b>65-0541094</b>                                                                                                   |  |
| 22 City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 27 City & State                                                                   |                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 28 Zip Country                                                                    |                                                                                         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                   |  |
| 24 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 29 Zip Country                                                                    |                                                                                         | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>DREW, MICHAEL K<br/>1016 CLEMONS STREET<br/>SUITE 400<br/>JUPITER FL 33477</b>                                                                                                                                                                                                                                                                                                                            |  |                                                                                   | 10. Name and Address of New Registered Agent                                            |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 81 Name                                                                                 |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 82 Street Address (P.O. Box Number is Not Acceptable)                                   |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 83                                                                                      |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 84 City <b>FL</b> 85 Zip Code                                                           |                                                                                                                                      |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 12. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 1.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 1.2 NAME <b>DREW, MICHAEL K</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 1.3 STREET ADDRESS <b>1016 CLEMONS STREET SUITE 400</b>                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 1.4 CITY-ST-ZIP <b>JUPITER FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 2.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 2.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 2.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 2.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 3.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 3.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 3.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 3.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 4.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 4.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 4.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 4.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 5.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 5.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 5.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 5.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 6.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 6.2 NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 6.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                                         |                                                                                                                                      |  |
| 6.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                                         |                                                                                                                                      |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)