2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 02, 2001 8:00 am Secretary of State DOCUMENT # **P97000058816** 1. Entity Name BIG DOG INVESTMENTS, INC. 04-02-2001 90065 043 ***150.00 Principal Place of Business Mailing Address BOX 27607 BOX 27607 PANAMA CITY FL 32411 PANAMA CITY FL 32411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3459937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLETCHER, JESSE Street Address (P.O. Box Number is Not Acceptable) 12007 PANAMA CITY BCH PKWY PANAMA CITY BEACH FL 32407 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change ☐ Addition FLETCHER, JESSE NAME STREET ADDRESS STREET ADDRESS 7932 FRONT BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407-4817 TITLE ☐ Delete TITLE Change ☐ Addition PETERS, A C NAME NAME STREET ADDRESS 148 GULF SHORE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA FL 32459 Change Addition TITLE ☐ Delete TITLE NAME CERTO, LOU NAME STREET ADDRESS STREET ADDRESS 1511 POWERS RUN ROAD CITY-ST-7IP CITY-ST-7IP PITTSBURGH PA 15238 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR