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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90210 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000011788

1. Corporation Name

BARKING DOG ENTERTAINMENT, INC.

Principal Place of Business

4501 TAMiami TRAIL N SUITE 400
NAPLES FL 34103

Mailing Address

4501 TAMiami TRAIL N SUITE 400
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

59-3490176

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

9. Name and Address of Current Registered Agent

GILLESPIE, STEVEN B
4501 TAMiami TRAIL N SUITE 400
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name
Same

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

2614 Tamiami Trail N., Suite 400

83

84 City
Naples,

FL

85 Zip Code
34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

GILLESPIE, STEVEN B

STREET ADDRESS

4501 TAMiami TRAIL N SUITE 400

CITY-ST-ZIP

NAPLES FL 34103

TITLE

D

☐ DELETE

NAME

GILLESPIE, KATHRINE M

STREET ADDRESS

4501-TAMiami-TRAIL N SUITE 400

CITY-ST-ZIP

NAPLES FL 34103

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P/T

☒ Change

☐ Addition

1.2 NAME

Gillespie, Steven B.

1.3 STREET ADDRESS

2614 Tamiami Trail N., Suite 400

1.4 CITY-ST-ZIP

Naples, Florida 34103

2.1 TITLE

D/V/S

☒ Change

☐ Addition

2.2 NAME

Gillespie, Kathrine M.

2.3 STREET ADDRESS

2614-Tamiami Trail N., Suite 400

2.4 CITY-ST-ZIP

Naples, Florida 34103

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *STEVEN B. GILLESPIE, PRESIDENT* 4/26/99 (941) 269-6999

CR2E034 (11/98)