

FILED  
Jun 27, 2003 8:00 am  
Secretary of State

06-27-2003 90049 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P99000028672</b>				<b>10108844</b>	
1. Entity Name <b>TRANSGROUND CORPORATION</b>					
Principal Place of Business <b>5300 WARRIOR LANE KISSIMMEE, FL 34746</b>			Mailing Address <b>5300 WARRIOR LANE KISSIMMEE, FL 34746</b>		
2. Principal Place of Business <b>4705 ALEXIS DR.</b> Suite, Apt. #, etc.			3. Mailing Address <b>4705 ALEXIS DR.</b> Suite, Apt. #, etc.		
City & State <b>KISSIMMEE FL</b>		City & State <b>KISSIMMEE FL</b>		4. FEI Number <b>59-3565584</b>	
Zip <b>34746</b>		Country <b>N/A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TORO, RUBEN D 7345 SAND LAKE RD. STE. 204 ORLANDO, FL 32819</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPVP GAZIVODA, NADJA A 5300 WARRIOR LN KISSIMMEE, FL 34746</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPVP GAZIVODA, NADJA A. 4705 ALEXIS DR. KISSIMMEE FL 34746</b>		
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Nadja A. Gazivoda</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>(407) 397-9682</b> <small>Office Telephone #</small>		

CR2E034 (10/02)

Attachment

10108844  
#P99000028672

June, 23/2003

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE FL

Dear Sir/Madam:

I received a letter regarding the 2003 UNIFORM BUSINESS REPORT for TRANSGROUND CORPORATION. This form was returned with the check for \$150.00 because the UBR was incomplete. I was supposed to send you this form with the appropriate corrections and the check for \$150.00 by June 22<sup>nd</sup>/03, but unfortunately I have been sick for the last week and I was unable to mail this form on time. I am enclosing the UBR form with the check and a copy of the form given to me by the hospital in Orlando where I went for medical attention.

Sincerely,

Nadja Gazivoda, President

*Nadja A. Gazivoda*