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03 JUL -2 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

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07/09/03--01009--022 **150.00

[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028672

1. Entity Name
TRANSGROUND CORPORATION

Principal Place of Business
5300 WARRIOR LANE
KISSIMMEE, FL 34746

Mailing Address
5300 WARRIOR LANE
KISSIMMEE, FL 34746

2. Principal Place of Business: 4705 ALEXIS DR.
Suite, Apt. #, etc.
City & State: KISSIMMEE FL.
Zip: 34746
Country:

3. Mailing Address: 4705 ALEXIS DR.
Suite, Apt. #, etc.
City & State: KISSIMMEE FL
Zip: 34746
Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3565584 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TORO, RUBEN D
7345 SAND LAKE RD, STE. 204
ORLANDO, FL 32819

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL 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

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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVP	☐ Delete
NAME	GAZIVODA, NADJA A	
STREET ADDRESS	5300 WARRIOR LN	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DPST	☒ Change ☐ Addition
NAME	GAZIVODA, NADJA A.	
STREET ADDRESS	4705 ALEXIS DR.	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Nadja A. Gazivoda — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 (407)397-9682
Date / Daytime Phone #