

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005333

1. Entity Name
URBAN MEDIA NET, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90174 008 ***150.00

Principal Place of Business **MEDIA** Mailing Address
C/O URBAN MEDIS COMMUNICATIONS CORP. C/O URBAN MEDIS COMMUNICATIONS CORP.
900 ARASTRADERO ROAD, SUITE BLDG. S-1 900 ARASTRADERO ROAD, SUITE BLDG. S-1
PALO ALTO CA 94304 PALO ALTO CA 94304

876243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1362 BORREGAS AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME AS NO 2.
Suite, Apt. #, etc.

City & State
SUNNYVALE CA
Zip
94089

City & State

4. FEI Number **77-0552563**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DOHERTY, SEAN
900 ARASTRADERO ROAD, BUILDING S-1
PALO ALTO CA 94304 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
1362 BORREGAS AVE
SUNNYVALE CA 94012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MORRIS, MICHAEL
ONE KAISER PLAZA, SUITE 1350
OAKLAND CA 94612 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
DELETE
MICHAEL MORRIS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

510-637-4872

CR2E034 (10/00)