FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001281 (5)

Country

25

URBAN PUBLICATIONS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

21

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

29

255 LELY BEACH BLVD., SUITE 502 BONITA SPRINGS FL 33923 255 LELY BEACH BLVD.. SUITE 502 BONITA SPRINGS FL 33923

FILED Jan 22 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

03/05/1993

05-0377090

5. Certificate of Status Desired

 Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

4. FEI Number

| g. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
|--|---------------------------------|------------------|--|--|--|
| PRIGNANO, URBANO | | | 1 | 1 Name | |
| 255 LELY BEACH BLVD., SUITE 502 | | | 2 | 2 Street Address (P.O. Box Number is Not Acceptable) | |
| BONITA SPRINGS FL 33923 | | | | | |
| | | 8 | 3 | 3 | |
| | | 1 2 | 4 | 4 City 85 Zip Code | |
| | | ٦ | 7 | FL 63 2 P Code | |
| 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 | | 13. | _ | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | <u> </u> | 1.1 TITLE | | Change Addition | |
| NAME | PRIGNANO, URBANO | 1.2 NAME | E | | |
| STREET ADDRESS | | 1.3 STREET | | ET ADORESS | |
| CITY - ST- ZIP | BONITA SPRINGS FL 33923 | 1.4 CITY-ST-ZIP | | . <u> </u> | |
| TITLE | VCS 🗀 DELETE | 2.1 TITLE | | Change Addition | |
| NAME | PRIGNANO, ANNE | 2.2 NAME | | | |
| STREET ADDRESS | 255 LELY BEACH BLVD., SUITE 502 | 2.3 STREE | | et adoress | |
| CITY - ST - ZIP | BONITA SPRINGS FL 33923 | 2. <u>4</u> CITY | - ST | -ST-ZIP | |
| TITLE | DELETE | 3.1 TITLE | | Change Addition | |
| NAME | i | 3.2 NAME | • | | |
| STREET ADDRESS | 1 | 3.3 STREET | | ET ADDRESS | |
| CMY-ST-ZIP | | 3.4. CITY | -ST | -ST-2IP | |
| TITLE | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | 4. 2 NAM | Ε | E , | |
| STREET ADDRESS | Í | 4.3 STREE | ET A | ET ADDRESS | |
| CITY-ST-ZIP | i | 4.4 CITY- | -ST- | ST-ZIP | |
| TITLE | DELETE | 5.1 TITLE | | Change Addition | |
| NAME | | 5.2 NAME | • | | |
| STREET ADDRESS | 1 | 5.3 STREE | ET A | ET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY- | st- | ST-ZIP | |
| TITLE | DELETE | 6.1 TITLE | | Change Addition | |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREE | ET A | et address | |
| CITY-ST-ZIP | | 6.4 CITY - | ST- | ST-ZIP | |
| 14. I hereby certify that the information supplied with this filling 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 attactyment with an address. | | | | | |

Country

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