2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2005 08:00 AM Secretary of State DOCUMENT # L01540 1. Entity Name URBÁN STUDIO ARCHITECTS, INC. Principal Place of Business Mailing Address 655 N FRANKLIN ST STE 150 655 N FRANKLIN ST STE 150 TAMPA, FL 33602 US TAMPA, FL 33602 US 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2963245 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HAMMOND, BRIAN D. DO NOT WRITE 655 N FRANKLIN ST STE 150 TAMPA FL, FL 33602 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DST TITLE HAMMOND, BRIAN D. NAME. 655 N FRANKLIN ST STE 150 STREET ADDRESS U00000315756 04/19/05-80047-017 150.00 CITY-ST-ZIP TAMPA, FL 33602 TiTle ZINGALE, RICHARD NAME STREET ADDRESS 655 N FRANKLIN ST STE 150 TAMPA, FL 33602 CITY-ST-ZIP VD TITLE JACOB, MICHAEL P. NAME 655 N FRANKLIN ST STE 150 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33602 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 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 attadiument with an address, with all other like empowered.

SIGNATURES

THTLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 09 613 228 72

FILED