

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01540

FILED
Jan 07, 2008
Secretary of State

Entity Name: URBAN STUDIO ARCHITECTS, INC.

Current Principal Place of Business:

655 N FRANKLIN ST STE 150
TAMPA, FL 33602 US

New Principal Place of Business:

655 N FRANKLIN ST
SUITE 150
TAMPA, FL 33602 US

Current Mailing Address:

655 N FRANKLIN ST STE 150
TAMPA, FL 33602 US

New Mailing Address:

655 N FRANKLIN ST
SUITE 150
TAMPA, FL 33602 US

FEI Number: 59-2963245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMMOND, BRIAN D.
655 N FRANKLIN ST STE 150
TAMPA FL, FL 33602 US

Name and Address of New Registered Agent:

HAMMOND, BRIAN D.
655 N FRANKLIN ST
SUITE 150
TAMPA FL, FL 33602 US

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: BRIAN HAMMOND

01/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: HAMMOND, BRIAN D.,
Address: 655 N FRANKLIN ST STE 150
City-St-Zip: TAMPA, FL 33602

Title: PD () Delete
Name: ZINGALE, RICHARD,
Address: 655 N FRANKLIN ST STE 150
City-St-Zip: TAMPA, FL 33602

Title: VD () Delete
Name: JACOB, MICHAEL P.,
Address: 655 N FRANKLIN ST STE 150
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD ZINGALE

PD

01/07/2008

Electronic Signature of Signing Officer or Director

Date