2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L01540

JACOB, MICHAEL P.

TAMPA, FL 33602

655 N FRANKLIN ST STE 150

Name:

Address: City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Entity Name: URBAN STUDIO ARCHITECTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 655 N FRANKLIN ST SUITE 150 TAMPA, FL 33602 **New Mailing Address: Current 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMMOND, BRIAN D. HAMMOND, BRIAN D. 655 N FRANKLIN ST 655 N FRANKLIN ST SUITE 150 SUITE 150 TAMPA FL, FL 33602 US TAMPA, 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: 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HAMMOND, BRIAN D. Name: Name: 655 N FRANKLIN ST STE 150 Address: Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: ZINGALE, RICHARD Name: 655 N FRANKLIN ST STE 150 Address: Address: TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL P JACOB VD 04/30/2009