APR-29'03(TUE) 15:03 FISCAL OFFICE

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05-05-2003 91442 016 ***150.00
P01000006782

FILED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

03 MAY 29 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006782

1. Entity Name URBANDZINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11 NORTH SUMMERLIN AVE.	PO BOX 536326
Suite, Apt. #, etc. 104	Suite, Apt. #, etc.
City & State ORLANDO, FL.	City & State ORL. FL.
Zip 32801 Country USA	Zip 32853 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59 373 0047 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVID SMITH

Street Address (P.O. Box Number Is Not Acceptable) 890 ARAGON

City Winter Park FL Zip Code 32789

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] 4/30/03

Signature, typed or printed name of registered agent and date as 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	CHAIRMAN
NAME	CHARLES D. SMITH JR
STREET ADDRESS	890 ARAGON DR.
CITY-ST-ZIP	WINTER PARK, FL. 32789
TITLE	TREASURER
NAME	GLENDA SUMNER
STREET ADDRESS	6020 GREEN BRIAR TRL.
CITY-ST-ZIP	MT. DORA, FL. 32757
TITLE	
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CITY-ST-ZIP	

4/29/03

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all blanks like empowered.

SIGNATURE: [signature] 4/30/03 407.435.9215

SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNING OFFICER OR DIRECTOR Date Daytime Phone #

33611-I