

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046669

FILED
May 01, 2007
Secretary of State

Entity Name: URBANDOG COMMUNICATIONS, INC.

Current Principal Place of Business:

5000 CULBREATH KEY WAY
#9-321
TAMPA, FL 33611

New Principal Place of Business:

1316 FUSSELL HOLLOW RD.
ODESSA, FL 33556

Current Mailing Address:

PO BOX 25474
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-3718546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CONNIE L
5000 CULBREATH KEY WAY
#9-321
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

BROWN, CONNIE L
1316 FUSSELL HOLLOW RD.
ODESSA, FL 33556 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:

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, CONNIE L
Address: 5000 CULBREATH KEY WAY
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, CONNIE L
Address: 1316 FUSSELL HOLLOW RD.
City-St-Zip: ODESSA, FL 33556

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: CONNIE L. BROWN

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date