

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90472 032 \*\*\*150.00

**DOCUMENT # P01000108349**



1. Entity Name  
**URBAN PUBLICATIONS, INC.**

Principal Place of Business  
**255 BAREFOOT BEACH BLVD STE 502  
BONITA SPRINGS FL 34134**

Mailing Address  
**255 BAREFOOT BEACH BLVD STE 502  
BONITA SPRINGS FL 34134**



2. Principal Place of Business  
**208 Cheshire Way**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 19126**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**NAPLES, FL**

City & State  
**JOHNSON, Rd.**

4. FEI Number **05-0377090**

Applied For  
Not Applicable

Zip  
**34110**

Country

Zip  
**02919**

Country

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

6. Name and Address of Current Registered Agent  
**PRIGNANO, URBANO  
255 BAREFOOT BEACH BLVD STE 502  
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRIGNANO, URBANO</b> <b>255 BAREFOOT BEACH BLVD STE 502</b> <b>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRIGNANO, ANNE</b> <b>255 BAREFOOT BEACH BLVD STE 502</b> <b>BONITA SPRINGS FL 34134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **URBANO PRIGNANO** **URBANO PRIGNANO** **1-8-03** **401-944-0043**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)