


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

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|---------------------------------------|---|
| DOCUMENT # P02000055763 |  |
| 1. Entity Name URBAN PROFILE, INC. | |

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| Principal Place of Business 5000-16 NORWOOD AVE JACKSONVILLE, FL 32208 | Mailing Address 5000-16 NORWOOD AVE JACKSONVILLE, FL 32208 |
|--|--|

DO NOT WRITE IN THIS SPACE



03252004 No Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 03-0448834 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BLAYLOCK, SHERITA
5000-16 NORWOOD AVE
JACKSONVILLE, FL 32208

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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 re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000125333 04/22/04-80081-011 150.00 |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BLAYLOCK, SHERITA 5000-16 NORWOOD AVE JACKSONVILLE, FL 32208 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FLOWERS, BLAND 5000-16 NORWOOD AVE JACKSONVILLE, FL 32208 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____