2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2007 8:00 am Secretary of State

DOCUMENT # P06000109220 1. Entity Name URBAN DESIGN NETWORK, INC.						05-11-20	007 90023	i 008 *:	**150.00	
Principal Place of Business Mailing Address			ı		1					
837 FIFTH AVE SOUTH			837 FIFTH AVE SOUTH		0.0	A10001.				
STE 202 Naples, Fl. 34102		STE 202	STE 202 NAPLES. FL 34102		† • b t	018891				
MAPLES, FL 34102 MAPLES, FL 34102					I I I I I I I I I I I I I I I I I I I	i dena enir dari dari da	EKTA JITAN ETANT LEGIE		MERI A IRRE	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252007	Chg-P	CR2E034	l (12/06)		
City & State		City & State			4. FEI Numb	54279	28	_ 	plied For of Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add		
	6. Name and Address of Curr	ent Registered Agent	<u> </u>		7. Name and	Address of New				
				Name						
NOVATT, JEFF M 821 FIFTH AVE SOUTH				Street Address (P.O. Box Number is Not Acceptable)						
STE 201										
NAPLES, FL 34102										
			City	"			FL	Zip Cod	e	
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								miliar with,	and accept	
the obligations of registered agent.										
SIGNATURE										
Signature, typed or princed neare of registered agent and title of applicable. (INOTE: Registered Agent signature required when rematatory) DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
10.		NO DIRECTORS	11.		ADDITIONS	CHANGES TO OF				
HAME	D PEZESHKAN, FEREYDOON	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS				s						
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	_l					,	
TITLE	D	Delete	TOTLE				C	Change	Addition	
HAME CIRCULADOCCC	KRAGH, MATTHEW 837 FIFTH AVE SOUTH - STE 202			_						
STREET ADDRESS CITY-ST-ZIP	NAPLES, FL 34102	E 202	STREET ADDRES	•						
TITLE		☐ Delete	TITLE				۲	Change	Addition	
HAME			NAME				_			
STREET ADDRESS			STREET ADDRES	s						
CITY-ST-ZIP			CITY-SI-ZIP					7.0		
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City-ST-ZIP		·	CITY-ST-ZIP	_						
TITLE		☐ Dalete	THE	İ			C	Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRES							
CITY-ST-ZIP			CITY-ST-ZIP	1						
TITLE		☐ Delete	111/6	İ				Change	Addition	
MAME			HAME						_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	s						
	Certify that the information supplied	with this liling dose not a with t		contained	d in Chanter 111	Glorida Statutan	I huther ends.	that the i-	lormatics	
12. I hereby certify that the information supplied with this Illing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further contify that the information indicated on this report or supplemental report is true and accurate and that my slightly example legal effects as if made under outh; that I am an office or of first or the report of trues approximated in security that I am an office or of first or the report of trues approximated in security that I am an office or of first or the report of trues approximated in security that I am an office or of first or the report of trues approximated in security that I am an office or of first or the report of trues approximate in security that I am an office or of first or the report of trues and that our proportion is the report of trues and that our proportion is the report of trues and trues and the report of trues and trues and trues and trues and trues and trues and trues are trues and trues and trues are trues and trues are trues and trues and trues are trues and trues are trues and trues are trues and trues are trues and trues are trues and trues are trues and trues are trues and trues are trues are trues and trues are trues and trues are trues are trues and trues are trues are trues are trues and trues are true										
of the corporation of 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 attachnier with an address with all other like empowered.										
CICNATURE 47:07										
SIGNATURE: 4-30-0 Degree Priorie #										