


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000109220 1. Entity Name URBAN DESIGN NETWORK, INC.	
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Principal Place of Business 837 FIFTH AVE SOUTH STE 202 NAPLES, FL 34102	Mailing Address 837 FIFTH AVE SOUTH STE 202 NAPLES, FL 34102
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DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5427928	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

**NOVATT, JEFF M
821 FIFTH AVE SOUTH
STE 201
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U000000886523
04/18/08-80060-017 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEZESHKAN, FEREDDOON 837 FIFTH AVE SOUTH - STE 202 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAGH, MATTHEW 837 FIFTH AVE SOUTH - STE 202 NAPLES, FL 34102
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

4.2.2008 239.434.5800