

AMENDED  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P94000075954  
 1. Entity Name  
 URBAN ELECTRIC, INC.

**FILED**  
 01 JUL 25 AM 9:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 1914 N. Forsyth Rd.      P.O. Box 4661  
 Orlando, FL 32807      Winter Park, FL 32793  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

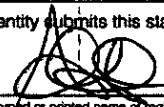
Zip      Country      Zip      Country

4. FEI Number      Applied For  
 59-3270972      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 Salerno-Barbagallo, Laura  
 1914 N. Forsyth Rd.  
 Orlando, FL 32807

7. Name and Address of New Registered Agent  
 Name Stone, Stephen M.  
 Street Address (P.O. Box Number is Not Acceptable)  
 725 N. Magnolia Ave.  
 City Orlando      FL      Zip Code 32803

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.  
 SIGNATURE       DATE 7/17/01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | PD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | Salerno-Barbagallo, Laura |  |
| STREET ADDRESS | 1914 N. Forsyth Road      |  |
| CITY-ST-ZIP    | Orlando, FL               |  |
| TITLE          | ST                        | <input checked="" type="checkbox"/> Delete |
| NAME           | Barbagallo, Samuel J. Sr. |  |
| STREET ADDRESS | 1914 N. Forsyth Road      |  |
| CITY-ST-ZIP    | Orlando, FL               |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PSTD                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Tseng, Carlos       |  |
| STREET ADDRESS | 1914 N. Forsyth Rd. |  |
| CITY-ST-ZIP    | Orlando, FL 32807   |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X       Carlos Tseng, Pres.      7/19/01      407-381-0515  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

UCR2E034 (11/00)