

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000004174

FILED
Dec 02, 2009
Secretary of State**Entity Name:** URBAN TELECOMMUNICATIONS, INC.**Current Principal Place of Business:**3318 DELAVALL AVE
BRONX, NY 10475**New Principal Place of Business:**3319 DELAVALL AVE
BRONX, NY 10475**Current Mailing Address:**3318 DELAVALL AVE
BRONX, NY 10475**New Mailing Address:**3319 DELAVALL AVE
BRONX, NY 10475**FEI Number:** 13-3693184**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FEBO, OBED
-2993 W 80TH
15
HIALEAH, FL 33016 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PCD () Delete
Name: TORRES, DONNA
Address: 3318 DELAVALL AVE
City-St-Zip: BRONX, NY 10475**Title:** V () Delete
Name: CHICHESTER, JOHN
Address: 3318 DELAVALL AVE
City-St-Zip: BRONX, NY 10475**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PCD (X) Change () Addition
Name: BADILLO, ELVIS
Address: 3319 DELAVALL AVE
City-St-Zip: BRONX, NY 10475**Title:** V (X) Change () Addition
Name: BURGOS, RAFAEL
Address: 3319 DELAVALL AVE
City-St-Zip: BRONX, NY 10475

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELVIS BADILLO

PCD

12/02/2009

Electronic Signature of Signing Officer or Director_____
Date