

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096330

Entity Name: URBAN NEWS NETWORK, LLC

FILED  
May 04, 2009  
Secretary of State

**Current Principal Place of Business:**

547 NW 9 AVENUE  
SUITE #2  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

547 NW 9 AVENUE  
SUITE #2  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEWIS, RICK  
547 NW 9TH AVENUE  
SUITE #2  
FORT LAUDERDALE, FL 33311 US

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

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: LEWIS, RICK  
Address: 547 NW 9 AVENUE, SUITE #2  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: FREEMAN, MARIA  
Address: 547 NW 9 AVENUE, SUITE #2  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: PRIESTER, CHRIS  
Address: 547 NW 9 AVENUE, SUITE #2  
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIA FREEMAN

MGR

05/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date