


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

40055404

<b>DOCUMENT # N02000002201</b>				05-02-2008 90181 049 ***61.25	
1. Entity Name <b>URBAN TRAINING NETWORK, INC.</b>					
Principal Place of Business <b>390 NE 88TH STREET MIAMI, FL 33138</b>		Mailing Address <b>P.O. BOX 530541 MIAMI, FL 33153</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>ARROYO, NANCY M C/O SOLMS &amp; ASSOCIATES, P.A. 9100 S. DADELAND BLVD., SUITE 1602 MIAMI, FL 33156</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <input checked="" type="checkbox"/> <b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARRINGTON, PATRICK 390 NE 88TH STREET MIAMI, FL 33138	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Rebekah Kaetterhenry</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>411 N.W. 87 Drive, Apt. 103 Plantation, FL 33324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PETRE-ANN 1380 SW 105 AVE PEMBROKE PINES, FL 33023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNSBY, RICHARD 3991 EAST RIDGEVIEW DAVIE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELOCK, CHARLES 15746 SW 20TH STREET MIRAMAR, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, MARION 9454 SW 146TH AVENUE MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUGA, EUNICE 4030 S.W. 107 CT MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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: <u>Patrick Carrington</u> <b>4/30/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					