

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005737

FILED
Sep 22, 2009
Secretary of State

Entity Name: URBAN ASSET CORPORATION

Current Principal Place of Business:

3111 W. DR. MARTIN LUTHER KING BLVD.
SUITE 100
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2618 E. 21ST AVENUE
TAMPA, FL 33605

New Mailing Address:

P.O. BOX 310695
TAMPA, FL 33680

FEI Number: 83-0480061 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIDDLETON, DARISE D PHD
2618 E. 21ST AVENUE
TAMPA, FL 33605 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: DARISE MIDDLETON, SR. PHD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DARISE, MIDDLETON PHD
Address: 2618 E. 21ST AVENUE
City-St-Zip: TAMPA, FL 33605

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CH (X) Change () Addition
Name: DARISE, MIDDLETON D PHD
Address: P.O. BOX 310695
City-St-Zip: TAMPA, FL 33680

Title: CO () Change (X) Addition
Name: SUTTON, LYNN
Address: P.O. BOX 310695
City-St-Zip: TAMPA, FL 33680

Title: TRES () Change (X) Addition
Name: LUZ, DIAZ
Address: P.O. BOX 310695
City-St-Zip: TAMPA, FL 33680

Title: SEC () Change (X) Addition
Name: KESHA, MCDONALD
Address: P.O. BOX 310695
City-St-Zip: TAMPA, FL 33680

Title: OFFC () Change (X) Addition
Name: ALONZO, WILLIAM PHD
Address: P.O. BOX 310695
City-St-Zip: TAMPA, FL 33680

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARISE MIDDLETON, SR., PHD

Electronic Signature of Signing Officer or Director

CH

09/22/2009

Date