

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015262

Entity Name: UR CELLULAR INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

6706 BENJAMIN RD SUITE 200
TAMPA, FL 33634

New Principal Place of Business:

11023 AIRVIEW DR
TAMPA, FL 33625

Current Mailing Address:

11023 AIRVIEW DRIVE
TAMPA, FL 33634

New Mailing Address:

11023 AIRVIEW DRIVE
TAMPA, FL 33625

FEI Number: 65-0992231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIGRA, JOHN
11023 AIRVIEW DRIVE
TAMPA, FL 33625 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NIGRA, JOHN
Address: 11023 AIRVIEW DR.
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Delete
Name: HARDESTY, RICHARD
Address: 4512 PINE HOLLOW DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: HARDESTY, RICHARD
Address: 4512 PINE HOLLOW DR
City-St-Zip: TAMPA, FL 33624

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 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: JNIGRA

DIR

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date