


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90178 023 \*\*\*150.00

<b>DOCUMENT # P01000120185</b>	
1. Entity Name <b>URBAN BEAT, INC.</b>	

Principal Place of Business <b>100 E. CENTRAL BLVD ORLANDO, FL 32801</b>	Mailing Address <b>100 E. CENTRAL BLVD ORLANDO, FL 32801</b>
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**14003978**



2. Principal Place of Business	3. Mailing Address <b>343 BROADWAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04062005 Chg-P CR2E034 (10/03)

City & State <b>ORLANDO FL</b>	4. FEI Number <b>01-0611621</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32803</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MARKU, TOM A 106 N SUMMERLIN AVE ORLANDO, FL 32801</b>	
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7. Name and Address of New Registered Agent	
Name <b>Charlene Mauro Page</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>343 Broadway Avenue</b>	
City <b>Orlando</b>	FL Zip Code <b>32803</b>

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 <i>x Charlene Mauro Page</i>	4/26/05

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURO, MICHAEL S SR 625 PALMER ST. ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAURO, MICHAEL S SR 343 BROADWAY AVENUE ORLANDO FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P. PAGE, MARC 343 BROADWAY AVENUE ORLANDO FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MAURO-PAGE CHARLENE 343 BROADWAY AVENUE ORLANDO FL 32803 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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 607, 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: <i>x Michael S Mauro</i>	Date: <b>4-5-05</b> Daytime Phone #: <b>407-648-0625</b>