

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000149478				FILED 05 AUG 25 2005 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name URBAN THEATER AND ENTERTAINMENT MAGAZINE, INC.		Principal Place of Business 1555 SW 109TH AVE SUITE 310 PEMBROKE PINES, FL 33025			
2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 1555 SW 109TH AVE SUITE 310 PEMBROKE PINES, FL 33025			
3. Mailing Address 11020 PEMBROKE ROAD Suite, Apt. #, etc. #211		4. FEI Number 11-3733998			
City & State City: MIRAMAR, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33025 Country USA		6. Name and Address of Current Registered Agent HAYNES, ED 1555 SW 109TH AVE SUITE 310 PEMBROKE PINES, FL 33025			
7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL 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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BROWN, JULIA 1601 N.W. 81ST STREET MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HANNA, ED 10301 SW 145TH ST MIAMI, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, EDWARD L 1555 SW 109TH AVE SUITE 310 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, ADRIENE 1555 SW 109TH AVE #310 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, CHARLES 2620 NW 67TH ST MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORBA, MALIK 572 LOMA VISTA AVE. ELSAGUNDO CA. 90058	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY, ROBERT 2465 SW 103RD ST MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, CHARLENE 1601 NW 81ST ST MIAMI, FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAKER, NIKKI 1601 NORTH WEST 81ST ST MIAMI, FL 33147	<input type="checkbox"/> Delete	300059015973 08/26/05--01003--022 **\$75.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, VALERIE 7121 ALHAMBRA BLVD MIRAMAR, FL 33023	<input type="checkbox"/> Delete	<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: <u>Edward L. Haynes</u> EDWARD L. HAYNES 8/20/05 (954) 445-3779					