2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90440 018 ***150.00

DOCUMENT# F43364

1. EntityName
TRICOM,INC.

PrincipalPlaceofBusiness	MailingAddress
501E.JACKSONST. SUITE300 ORLANDO,FL32801	501E.JACKSONST. SUITE300 ORLANDO,FL32801

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc. 102 America Street		Suite,Apt.#,etc. 102 America Street	
City&State Orlando FL		City&State Orlando FL	
Zip 32801	Country	Zip 32801	Country

04212004 Chg-P CR2E034(10/03)

4. FEINumber 59-2136560 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

COOPER,MARKO
200EASTROBINSON
ORLANDO,FL32801

7. NameandAddressofNewRegisteredAgent

Name

StreetAddress (P.O.BoxNumberisNotAcceptable)

City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.lamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ____________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	PT SCHMALTZ,DONALDR 618BUTLERST. WINDERMERE,FL34786	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: [signature]
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

4-22-04 — Date

407 649-2009x204 — DaytimePhone#