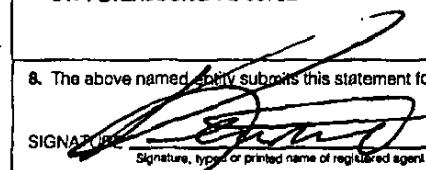
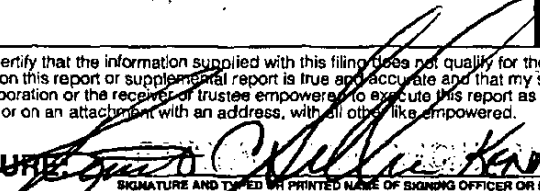


FILED
Apr 10, 2002 8:00 am
Secretary of State

03-07-2002 90050 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000091300			
1. Entity Name TRI-COM ADVERTISING, MARKETING & PUBLIC RELATION S, INC.			
Principal Place of Business 8952 GANDY BLVD. N. ST. PETERSBURG FL 33702		Mailing Address 8952 GANDY BLVD. N. ST. PETERSBURG FL 33702	
2. Principal Place of Business <u>2051 FIRST AVE NORTH</u> Suite, Apt. #, etc.		3. Mailing Address <u>2051 FIRST AVE NORTH</u> Suite, Apt. #, etc.	
City & State <u>ST PETERSBURG, FL</u>		City & State <u>ST PETERSBURG FL</u>	
Zip <u>33713</u>		Country <u>US</u>	
4. FEI Number <u>59-3747920</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILKIE, KENNETH C 9952 GANDY BLVD. N. ST. PETERSBURG FL 33702		7. Name and Address of New Registered Agent Name: <u>SILKIE, KENNETH C</u> Street Address (P.O. Box Number is Not Acceptable) <u>2051 FIRST AVENUE NORTH</u> <u>ST PETERSBURG</u> FL <u>33713</u>	
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.			
SIGNATURE 		DATE <u>2-26-02</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>SILKIE, KENNETH C</u> <u>5201 LAZY LAKE LN.</u> <u>ST. PETERSBURG FL 33708</u>	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
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
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		DATE <u>2-26-02</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SILKIE, KENNETH C		Daytime Phone # <u>727-875-7117</u>	

V. 23176



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)