May 27, 2002 8:00 am & Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000007023 1. :Entity Name TRION VENTURES VI, INC. Principal Place of Business Mailing Address 5310 NW 33RD AVE. 5310 NW 33RD AVENUE **SUITE 219 SUITE 219** FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309 us 2. Principal Place of Business 3. Mailing Address 4901 N. FED 4901 N. FED Swite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0510682 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARBER, KENNETH T Street Address (P.O. Box Number is Not Acceptable) 5310 NW 33RD AVE SUITE 219 FORT LAUDERDALE FL 33300 FORT LAUDERDALE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change BARBER KENNETH NAME BARBER, KENNETH T NAME 4901 N. FED. HWY # 100 FT. LAUDERDALE, FL 33308 5310 NW 33RD AVE, SUITE 219 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME PHYLLIS M BAKER NAME STREET ADDRESS -5310 NW 33RD AVE #210 STREET ADDRESS CITY-ST-ZIP FT-LAUDERDALE FL-33309 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE NAME ._. -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this fing 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 receive 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 attachmen with an address, with fall step like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNA URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/30/2002

954-491-3849

Daytime Phone #

Change

☐ Addition