FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P04000010442 04-28-2005 90197 049 ***150.00 1. Entity Name Tricustom, INC. 14004902 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 3735 Frye Ave West 3735 Frye Ave West DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 30-0223966 Jacksonville, FL Jacksonville, Not Applicable Country & \$4 Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired USA 32210 32210 7. Name and Address of Current Registered Agent Deborah D. Skipper DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1201 Hays Street Zip Code Tallahassee 32301 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 DATE January 1 - May 1 Fee Is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) TITLE TITLE $P/D \rightarrow .$ NAME NAME Robert J. Phipps STREET ADDRESS STREET ADDRESS 3735 Fry Ave West CITY-ST-ZiP CITY - ST - ZIP Jacksonville, FL 32210 TITLE TITLE NAME NAME Kenneth R. Blanche STREET ADDRESS STREET ADDRESS 3735 Frye Ave West CITY-ST-ZIP CITY - ST-ZIP Jacksonville, FL 32210 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TID F NAME NAME STREET ADDRESS STREET ADDRESS

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 on an with all other like empowered,

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

904-607-2329