

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 582414**

1. Entity Name  
**TRIAD COMMUNICATIONS, INC.**



Principal Place of Business  
**1122 NW 20TH DRIVE  
GAINESVILLE, FL 32605 US**

Mailing Address  
**P.O. BOX 13355  
GAINESVILLE, FL 32604 US**



02102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1854642</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**RUBIN, LORNA I.  
1122 N.W. 20TH DRIVE  
GAINESVILLE, FL 32605**

**DO NOT WRITE  
IN THIS SPACE**

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.

000000670894  
03/22/07-80007-006 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, LORNA I. 1122 N.W. 20TH DRIVE GAINESVILLE, FL 32605
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUBIN, MELVIN 1122 N.W. 20TH DRIVE GAINESVILLE, FL 32605
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUBIN, DANIEL J. 350 GARCIA ST SANTA FE, NM 87501
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ISRAELIEVITCH, JAN G 75 HILTON AVE TORONTO, ON M5R 3E8
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, MICHAEL H. 136 SANTA CRUZ ST SANTA CRUZ, CA 87501
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Lorna Rubin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 352-373-5800  
Date Daytime Phone #