2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# 582414

Entity Name: TRIAD COMMUNICATIONS, INC.

Current Principal Place of Business:

1122 NW 20TH DRIVE
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13355
GAINESVILLE, FL 32604 US

New Mailing Address:

FEI Number: 59-1854642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUBIN, LORNA I.,
Address: 1122 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: ST ( ) Delete
Name: RUBIN, MELVIN,
Address: 1122 N.W. 20TH DRIVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: V ( ) Delete
Name: RUBIN, DANIEL J.,
Address: 350 GARCIA ST
City-St-Zip: SANTA FE, NM 87501 US

Title: V ( ) Delete
Name: ISRAELIEVITCH, JAN G,
Address: 75 HILTON AVE
City-St-Zip: TORONTO, ON M5R 3E8 CA

Title: D ( ) Delete
Name: RUBIN, MICHAEL H.,
Address: 136 SANTA CRUZ ST
City-St-Zip: SANTA CRUZ, CA 87501 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: RUBIN, DANIEL J.,
Address: 90 PARK STREET, #46
City-St-Zip: BROOKLINE, MA 02446 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: RUBIN, MICHAEL H.,
Address: 136 SANTA CRUZ ST
City-St-Zip: SANTA CRUZ, CA 95060 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORNA RUBIN P 02/12/2009

Electronic Signature of Signing Officer or Director Date