FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2002 8:00 am Secretary of State DOCUMENT # F97000006684 1. Entity Name 02-03-2002 90017 042 ***150.00 TRI-M COMMUNICATIONS, INC. Principal Place of Business Mailing Address 125 E. DE LA GUERRA, STE 203 125 E. DE LA GUERRA, STE 203 SANTA BARBARA CA 93101 SANTA BARBARA CA 93101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 77-0458186 Not Applicable Zip Country Zip Country \$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 TCS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ☐ Addition Change NAME Marsh, John D NAME STREET ADORESS 125 E. DELAGUERRA, STE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA BARBARA CA 93101 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME GIBBONS, JOHN M STREET ADDRESS 125 E DE LA GUERRA, STE 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA BARBARA CA Delete ☐ Addition ☐ Change CFO. NAME IRELAND, RON STREET ADDRESS STREET ADDRESS 125 E. DE LA GUERRA, #201 CITY-ST-ZIF CITY-ST-ZIP SANTA BARBARA CA 93101 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/8/02

(805) 965-8620

Daytime Phone #