

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90173 048 ***150.00

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1. Entity Name
TRI-M COMMUNICATIONS, INC.



Principal Place of Business
125 E. DE LA GUERRA, STE 203
SANTA BARBARA, CA 93101

Mailing Address
1720 WINDWARD CONCOURSE
SUITE 250
ALPHARETTA, GA 30005

94069152



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

77-0458186

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE, FL 32301-0000**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 **CD MARSH, JOHN D** ☐ Delete
STREET ADDRESS **125 E. DELAGUERRA, STE 201**
CITY-ST-ZIP **SANTA BARBARA, CA 93101**

TITLE
NAME **D GIBBONS, JOHN M** ☐ Delete
STREET ADDRESS **125 E DE LA GUERRA, STE 203**
CITY-ST-ZIP **SANTA BARBARA, CA**

TITLE
NAME **CFO- IRELAND, RON** ☐ Delete
STREET ADDRESS **125 E. DE LA GUERRA, #201**
CITY-ST-ZIP **SANTA BARBARA, CA 93101**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **President Don Bean** ☐ Change ☒ Addition
STREET ADDRESS **125 E. De La Guerra, Ste 201**
CITY-ST-ZIP **Santa Barbara, CA 93101**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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 DIRECTOR

Date

Daytime Phone #

RON IRELAND

4/11/04

(805) 965-8620