

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90093 013 \*\*\*150.00

**DOCUMENT # F97000006684**



1. Entity Name  
**TRI-M COMMUNICATIONS, INC.**

Principal Place of Business  
**820 STATE STREET  
5TH FLOOR  
SANTA BARBARA, CA 93101**

Mailing Address  
**1720 WINDWARD CONCOURSE  
SUITE 250  
ALPHARETTA, GA 30005**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**3100 Cumberland Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 900**

04162008

Chg-P

CR2E034 (12/06)

City & State

City & State  
**Atlanta, GA**

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

7. Name and Address of New Registered Agent

**TCS CORPORATE SERVICES, INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301**

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, 2008 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  
**PCFO  
IRELAND, RON  
820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FABIAN, JOE  
820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MORTIZ, DENISE  
820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHESTERFIELD, DAVID  
820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PFAU, MICHAEL  
820 STATE STREET, 5TH FLOOR  
SANTA BARBARA, CA 93101** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Sarah Linares  
820 State Street 5th Floor  
Santa Barbara, CA 93101** ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Ron Ireland  
820 State Street 5th Floor  
Santa Barbara, CA 93101** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Denise Moritz  
820 State Street 5th Floor  
Santa Barbara, CA 93101** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Fred Krupica  
820 State Street 5th Floor  
Santa Barbara, CA 93101** ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08 805 965-8620