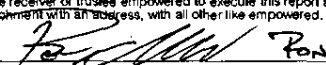


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91900 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000006684			
1. Entity Name TRI-M COMMUNICATIONS, INC.			
Principal Place of Business 125 E. DE LA GUERRA, STE 203 SANTA BARBARA, CA 93101		Mailing Address 125 E. DE LA GUERRA, STE 203 SANTA BARBARA, CA 93101	
2. Principal Place of Business		3. Mailing Address 1720 Windward Concourse	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 250	
City & State		City & State Alpharetta, GA	
Zip	Country	Zip	Country
30005		30005	Forsyth
4. FEI Number 77-0458186		Applied For ☐ Not Applicable	
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's signature required when reinstating) DATE _____			
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CO	TITLE	
NAME	MARSH, JOHN D	NAME	
STREET ADDRESS	125 E. DELAGUERRA, STE 201	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA, CA 93101	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	GIBBONS, JOHN M	NAME	
STREET ADDRESS	125 E DE LA GUERRA, STE 203	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA, CA	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	IRELAND, RON	NAME	
STREET ADDRESS	125 E. DE LA GUERRA, #201	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA, CA 93101	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: 4/15/03 805 965 8620	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

80112275



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)