

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000012941

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: TRILOGY MARKETING GROUP, LLC

Current Principal Place of Business:

4700 VAN KLEECK DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

P O BOX 2593
NEW SMYRNA BEACH, FL 32170 US

Current Mailing Address:

P O BOX 2593
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3736943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSTETTER, J C
4700 VAN KLEECK DRIVE
NEW SMYRNA BEACH, FL 32169 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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: P/SOFT CONSULTING, I, NC.
Address: 3659 VIA BERNARDO
City-St-Zip: OCEANSIDE, CA 92056 US

Title: MGRM () Change (X) Addition
Name: BRATMAN, FRANK MEMBER
Address: 5081 GARDENA AVE
City-St-Zip: SAN DIEGO, CA 92110 US

Title: MGRM () Change (X) Addition
Name: BEST PRICE GROUP, LL, C
Address: P O BOX 2593
City-St-Zip: NEW SMYRNA BEACH, FL 32170 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: L PITZALIS

MGRM

04/22/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date