

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012941

FILED
Jan 16, 2004
Secretary of State

Entity Name: TRILOGY MARKETING GROUP, LLC

Current Principal Place of Business:

P O BOX 2593
NEW SMYRNA BEACH, FL 32170 US

New Principal Place of Business:

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:

TERRELL, T L
2315 CHINOOK TRAIL
MAITLAND, FL 32751 US

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: T L TERRELL

01/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEN PITZALIS

MGRM

01/16/2004

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