FILED
Mar 12, 2003 8:00 am
Secretary of State
03-12-2003 90089 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63330

70027095

1. Entity Name
TRI-COUNTY ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
3001 ALOMA AVE. WINTER PARK, FL 32792 US	~~1456 HOLLOW PINE DR OVIEDO, FL 32765 US~~ 15 Colonial Drive Cocoa Beach, FL32931

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3004489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX PAUL A
~~1456 HOLLOW PINE DR~~
~~OVIEDO, FL 32765~~
15 Colonial Drive
Cocoa Beach, FL32931

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 Paul A. Cox PAUL A. COX 3/10/03
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, 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	PVD ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	COX, PAUL A.	NAME
STREET ADDRESS	~~1456 HOLLOW PINE DR~~ 15 Colonial Drive	STREET ADDRESS
CITY-ST-ZIP	~~OVIEDO, FL~~ Cocoa Beach, FL32931	CITY-ST-ZIP
TITLE	STD ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	COX, MARY	NAME
STREET ADDRESS	~~1456 HOLLOW PINE DR~~ 15 Colonial Drive	STREET ADDRESS
CITY-ST-ZIP	~~OVIEDO, FL~~ Cocoa Beach, FL32931	CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	☐ Delete	TITLE ☐ Change ☐ Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

CR2E034 (10/02)

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: Paul A. Cox President 3/10/03 4076783344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #