

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90313 045 ***150.00

0618003 AT

DOCUMENT # M52206

1. Entity Name
TRIMEDIA LTD., INC.



Principal Place of Business
**103 US HIGHWAY ONE
SUITE F-5207
JUPITER FL 33477**

Mailing Address
**% R. ROVINS
30 ROBIN HILL ROAD
SCARSDALE NY 10583
US**



2. Principal Place of Business

**4845 Belle Terre Pkwy
Suite, Apt. #, etc.
See #C120**

3. Mailing Address

**4845 Belle Terre Pkwy
Suite, Apt. #, etc.
#C120**

☒ CHECK HERE IF MAKING CHANGES

City & State
Palm Coast, FL

City & State
Palm Coast, FL

4. FEI Number **65-0076254**

Applied For
Not Applicable

Zip **FL 32164** Country **USA**

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

6. Name and Address of Current Registered Agent

**ROVINS, RANDY
C/O TRAVEL TALK PRODUCTIONS
103 US HIGHWAY ONE, STE F-5207
JUPITER FL 33477**

Address change only

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4845 Belle Terre Pkwy #C120
City **Palm Coast** FL Zip Code **32164**

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, 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

TITLE **PD** ☐ Delete
NAME **ROVINS, RANDY**
STREET ADDRESS **30 ROBIN HILL ROAD**
CITY-ST-ZIP **SCARSDALE NY 10583**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition
NAME **Randy Rovins**
STREET ADDRESS **4845 Belle Terre Pkwy**
CITY-ST-ZIP **Palm Coast, FL 32164**

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

TITLE ☐ Change ☐ Addition
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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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)