

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000051875**1. Entity Name  
TRICOMM MEDIA, INC.

Principal Place of Business 7100 SOUTH U.S. HWY 17-92  FERN PARK FL 32730	Mailing Address 7100 SOUTH U.S. HWY 17-92  FERN PARK FL 32730
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2. Principal Place of Business 207 WEST STATE ROAD 434	3. Mailing Address 207 WEST STATE ROAD 434
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Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc. SUITE C
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City & State WINTER SPRINGS FL	City & State WINTER SPRINGS FL
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Zip 32708	Country US	Zip 32708	Country US
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4. FEI Number  
**59-3647150**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MORRISON WILLIAM H  
7100 SOUTH U.S. HWY 17-92  
  
FERN PARK FL 32730**7. Name and Address of New Registered Agent**Name  
MATTHEW MAHONEY J  
Street Address (P.O. Box Number is Not Acceptable)  
207 WEST STATE ROAD 434  
SUITE C  
City  
WINTER SPRINGS FL Zip Code  
32708

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.

SIGNATURE **MATTHEW MAHONEY****04/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MORRISON WILLIAM 7100 SOUTH U.S. HWY 17-92 FERN PARK FL 32730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV MORRISON WILLIAM H 7100 SOUTH U.S. HWY 17-92 FERN PARK FL 32730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARRY DONOVAN C 207 WEST STATE ROAD 434, SUITE C WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO MATTHEW MAHONEY J 207 WEST STATE ROAD 434, SUITE C WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Matthew Mahoney**

COO 04/18/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)