


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 012 ***150.00

| | |
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| DOCUMENT # P01000050160 |  |
| 1. Entity Name Triptile Distributors, Inc. | |

DO NOT WRITE IN THIS SPACE

10016136

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|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 6955 Hanging Moss Road | | 3. Mailing Address 6955 Hanging Moss Road | |
| Suite, Apt. #, etc. Suite 103 | | Suite, Apt. #, etc. Suite 103 | |
| City & State Orlando, Florida | | City & State Orlando, Florida | |
| Zip 32807 | Country USA | Zip 32807 | Country USA |

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3719847 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

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|---------------------------------------|---|----------------------------------|
| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Michael K. Baker | |
| | Street Address (P.O. Box Number is Not Acceptable) 8064 Cloverglen Circle | |
| | City Orlando | FL Zip Code 32818-8212 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Matos, Manuel M. (PD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Quezada, Arnaldo J. (VD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Coss, Manuel M. (VD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Coss, Karina M. (SD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Coss, Harolyn S. (TD) 6955 Hanging Moss Road, Suite 103 Orlando, FL 32807 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

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|---|---------------------|--------------------------------|
| SIGNATURE:  | 01/28/2003 | 407-673-6559 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <small>Date</small> | <small>Daytime Phone #</small> |

CRZE034B (12/02)