

Amended

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PD1000051619  
1. Entity Name  
TRI COMM, INC

FILED  
02 NOV 12 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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400008901334  
11/12/02--01023--001 \*\*26.25

2. Principal Place of Business  
516 MARGOT CT  
Suite, Apt. #, etc.  
City & State  
BRANDON, FL  
Zip  
33511  
Country  
USA

3. Mailing Address  
3604 LITHIA RIDGE BLVD  
Suite, Apt. #, etc.  
City & State  
VALRICO, FL  
Zip  
33594  
Country  
USA

4. FEI Number  
59-3730680  
Applied For  
Not Applicable

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

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7. Name and Address of Current Registered Agent  
Name  
FORREST D. RIDDLE  
Street Address (P.O. Box Number is Not Acceptable)  
3604 LITHIA RIDGE BLVD  
City  
VALRICO  
FL  
Zip Code  
33594

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 FORREST D. RIDDLE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
DATE 11-5-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
CHAIRMAN OF THE BOARD, CHIEF EXECUTIVE OFFICER, SECRETARY AND DIRECTOR	FORREST D. RIDDLE	3604 LITHIA RIDGE BLVD	VALRICO, FL 33594				
PRESIDENT, CHIEF OPERATING OFFICER, TREASURER AND DIRECTOR	FREDERICK PARRILLA	516 MARGOT CT	BRANDON, FL 33511				

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-10/22/02--01006--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST D. RIDDLE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 11-05-02  
Daytime Phone # 813-681-8323

CR2E034B (12/01)