

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000058878

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: TRILOGY MULTIMEDIA ENTERPRISES, INC.

Current Principal Place of Business:

5930 NW 192ND STREET
MIAMI, FL 33015

New Principal Place of Business:

5930 NW 192ND STREET
MIAMI, FL 33015 US

Current Mailing Address:

5930 NW 192ND STREET
MIAMI, FL 33015

New Mailing Address:

5930 NW 192ND STREET
MIAMI, FL 33015 US

FEI Number: 31-1781563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ANDREW
5930 NW 192ND STREET
MIAMI, FL 33015

Name and Address of New Registered Agent:

RAMIREZ, ANDREW R VP
5930 NW 192ND STREET
MIAMI, FL 33015 US

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: ANDREW RAMIREZ

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMIREZ, ROBERT
Address: 3810 NW 113TH AVENUE
City-St-Zip: SUNRISE, FL 33323

Title: VD () Delete
Name: RAMIREZ, ANDREW
Address: 5930 NW 192ND STREET
City-St-Zip: MIAMI, FL 33015

Title: SD () Delete
Name: LEE, JULIAN
Address: 9165 NW 25TH COURT
City-St-Zip: SUNRISE, FL 33322

Title: TD () Delete
Name: BAPTISTE, JOAS
Address: 9673 RIVERSIDE DR UNIT J2
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW RAMIREZ

VD

05/01/2002

Electronic Signature of Signing Officer or Director

Date