

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90064 006 ***150.00

DOCUMENT # P01000079375

1. Entity Name

TRIPLE CROWN COMMUNICATIONS, INC.

Principal Place of Business

**6747 LAND O' LAKES BLVD
 LAND O' LAKES FL 34639**

Mailing Address

**6747 LAND O' LAKES BLVD
 LAND O' LAKES FL 34639**

2. Principal Place of Business

6737 Land o' Lakes Blvd

Suite, Apt. #, etc.

3. Mailing Address

6737 Land o' Lakes Blvd

Suite, Apt. #, etc.

City & State

Land o' Lakes FL

City & State

Land o' Lakes FL

Zip

34639

Country

PASCO

Zip

34639

Country

PASCO

4. FEI Number

593737927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSS, BARRIE

6747 LAND O' LAKES BLVD

LAND O' LAKES FL 34639

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

04/23/02

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, 2002 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 **PRESIDENT/CEO** ☐ Delete
 NAME **SID RICHARDS**
 STREET ADDRESS **6747 LAND O LAKES BLVD**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE **SEC. / TREASURER** ☐ Delete
 NAME **VIATTA CIMINO**
 STREET ADDRESS **6747 LAND O LAKES BLVD**
 CITY-ST-ZIP **LAND O LAKES FL 34639**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 813-995-9517

Date

Daytime Phone #

CR2E034 (9/01)