

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000126024

FILED
Aug 07, 2003
Secretary of State

Entity Name: TRICOLOR ENTERTAINMENT, INC.

Current Principal Place of Business:

2005 TREE FORK LANE
#113
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

2005 TREE FORK LANE
#113
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 56-2311900 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBILISCO, MICHAEL
2005 TREE FORK LANE
#113
LONGWOOD, FL 32750

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIBILISCO, MICHAEL
Address: 13832 VISTA DEL LAGO
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: O'TOOLE, ADRIAN-JOSEPH
Address: 6440 METROWEST BLVD. #427
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: O'TOOLE, ADRIAN-JOSEPH
Address: 392 MISTY OAKS RUNS
City-St-Zip: CASSELBERRY, FL 32707

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: MICHAEL GIBILISCO

MR

08/07/2003

Electronic Signature of Signing Officer or Director

_____ Date