2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000093956

Entity Name: TRICOUNTY COURIER, INC.

FILED Sep 16, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

10911 JEWEL BOX LANE 9900 WEST SAMPLE ROAD TAMARAC, FL 33321

300

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

9900 WEST SAMPLE ROAD 10911 JEWEL BOX LANE TAMARAC, FL 33321 300

CORAL SPRINGS, FL 33065

FEI Number: 20-1278955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWART, ANDRE POMPA, TONI 10911 JEWEL BOX LANE 10911 JEWEL BOX LANE TAMARAC, FL 33321 TAMARAC, FL 33321

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: TONI POMPA 09/16/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

STEWART, ANDRE POMPA, TONI F Name: Name:

10911 JEWEL BOX LANE 10911 JEWEL BOX LANE Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

Title: PTD Title: () Delete (X) Change () Addition

POMPA, TONI POMPA, TONI Name: Name:

10911 JEWEL BOX LANE 10911 JEWEL BOX LANE Address: Address: TAMARAC, FL 33321 TAMARAC, FL 33321 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change (X) Addition

Name: POMPA, TONI Name:

10911 JEWEL BOX LANE Address: Address: City-St-Zip: City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Ρ SIGNATURE: TONI F. POMPA 09/16/2008