

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P19956

1. Entity Name

THE VOICE OF TRIUMPH, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90202 036 ****70.00

Principal Place of Business

1148 SPARROW ST.
 LAKE PLACID FL 33852
 US

Mailing Address

P.O. BOX 3009
 LAKE PLACID FL 33862-3009
 US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ROUTE 3, BOX 357-D

3. Mailing Address

PO BOX 78

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Mayo, FL

City & State
 Mayo, FL

4. FEI Number
 95-2985573

Applied For
 Not Applicable

Zip
 32066

Country
 USA

Zip
 32066

Country
 USA

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

6. Name and Address of Current Registered Agent

NEILL, GENE
 1148 SPARROW ST.
 LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 ROUTE 3, BOX 357-D
 Mayo FL 32066

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: *Heather Neill*, HEATHER NEILL, SECRETARY 1.25.00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NEILL, GENE	
STREET ADDRESS	1148 SPARROW ST	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CONVERSE, WILLIAM	
STREET ADDRESS	11681 RIVERBEND DRIVE	
CITY-ST-ZIP	LEAVENWORTH WA	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, DENNIS	
STREET ADDRESS	473 BIRWOOD EAST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDFORD, WILLIAM	
STREET ADDRESS	2710 OAK LAWN AVE.	
CITY-ST-ZIP	DALLAS TX 75219	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEILL, HEATHER	
STREET ADDRESS	1155 WESTERN BLVD	
CITY-ST-ZIP	LAKE PLACID FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ROUTE 3, BOX 357-D	
CITY-ST-ZIP	Mayo, FL 32066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Heather Neill*, HEATHER NEILL 1.25.00 803-699-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)