2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000050099 Jan 20, 2000 8:00 am Secretary of State 1. Entity Name TCM. INC. 01-20-2000 90153 038 ***150.00 Principal Place of Business Mailing Address 315 E VENETIAN CT 315 E VENETIAN CT MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953-4103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3190215 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COVIELLO, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 315 E VENETIAN CT MERRITT ISLAND FL 32953 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 _10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTSD ☐ Addition TITLE ☐ Change TITLE Delete COVIELLO, MICHAEL P NAME NAME 315 E VENETIAN CT STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change : Addition ☐ Delete TITLE Agrandian di NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PRINTER D. 1878 7 M 30 LES 2.2 E A C Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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: McClark Provided Signature Provided Prov