

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000030257**

1. Entity Name
TRIANGLE T ENTERTAINMENT, INC.

Principal Place of Business
**6072 LAMONTE ST
ST CLOUD FL 34771**

Mailing Address
**6072 LAMONTE ST
ST CLOUD FL 34771**

2. Principal Place of Business
3209 John Young Parkway
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State

Zip
34746

Country
Osceola

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90085 050 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3724768** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TROWELL, KEVIN
6072 LAMONTE ST
ST CLOUD FL 34771**

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)

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 **D** Delete
NAME **TROWELL, KEVIN**
STREET ADDRESS **6072 LAMONTE ST**
CITY-ST-ZIP **ST CLOUD FL 34771**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice President** Change Addition
NAME **Ronald L Trowell**
STREET ADDRESS **4774 Hidden Heights Trail**
CITY-ST-ZIP **St Cloud FL 34771**

TITLE **Secretary** Change Addition
NAME **Patricia B Trowell**
STREET ADDRESS **4774 Hidden Heights Trail**
CITY-ST-ZIP **St Cloud FL 34771**

TITLE Delete Change Addition
NAME
STREET ADDRESS
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:

Patricia B Trowell RE PATRICIA B TROWELL 9 Jan 02 407 892 8625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)