1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 05, 1999 8:00 am Secretary of State

05-05-1999 90183 011 ***150.00

DOCUMENT # P98000080260 TRI LORD MEDIA, INC.						
Principal Place	e of Business	Mailing Address	<u> </u>	I (BB)(\$4) (\$5)B(\$) (\$10) (\$5)() \$50() \$50() \$40() \$	RENT INITE NUSTRE CIRCLE)) ()
605 SOUTH NORTH LAKE BLVD. 605 SOUTH NORTH LAKE E ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 3						
			22701	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				09/14/1998		
2. Principal Place of Business 2a. Mailing Add			<u>-</u>	4. FEI Number	App	lied For
21		26		59-3541020		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 r Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Cu	rrent Registered Agent	81 Name (10. Name and Address of New Register	ed Agent	
MATHIS, JACINTA M ONE SOUTH ORANGE AVE., STE. 306 ORLANDO FL 32801 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.			83 30 1 84 City 0	ress (P.O. Box Number is Not Acceptable) 1 Orange Aul , S 1 Orange From Front Sunday 1 Proposition submits this statement for the purpose	ut / L 85 328 of changing its	400 Gode Gode Gode Gode Gode Gode Gode Gode
office or r agent. I a SIGNATURE	egistered agent, or both, in the Si m familiar with, and accept the of	late of Florida. Such change was au ligations of, Section 607.0505, Flor	ithorized by the corporati ida Statutes.	ion's board of directors. I hereby accept the ap	30 / 9 9	nstered
SIGNATURE	Signature, typed or printed name of registered		Registered Agent signature require			
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	DAMPOURU LABRY	☐ DELĒTE	1.1 TITLE		Cilange	Addition (
NAME	RANDOLPH, LARRY	01.1 <i>8</i> 0	1.2 NAME			
STREET ADDRESS	605 SOUTH NORTH LAKE		1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	DELETE	1.4 CITY-ST-ZIP		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			ĺ
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			l
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.2 NAME

5.1 TTLE

52 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MEMACHIBED

☐ DELETE

DELETE

Change

Change

Addition

☐ Addition