

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90496 024 ***150.00

1312404 AV

DOCUMENT # P99000038185
 1. Entity Name
TRION VENTURES XI, INC.

Principal Place of Business 5310 N.W. 33RD AVENUE SUITE 219 FT. LAUDERDALE FL 33309	Mailing Address 5310 N.W. 33RD AVENUE SUITE 219 FT. LAUDERDALE FL 33309
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2. Principal Place of Business 4901 N. FEDERAL HWY Suite, Apt. #, etc. 100	3. Mailing Address 4901 N. FED. HWY Suite, Apt. #, etc. 100
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DO NOT WRITE IN THIS SPACE

City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL	4. FEI Number 65-0915277	Applied For <input type="checkbox"/> Not Applicable
Zip 33308	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BATCHELDER, DRAKE M 450 E. LAS OLAS BLVD. SUITE 950 FT. LAUDERDALE FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax-filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, KENNETH T 5310 N.W. 33RD AVENUE FT. LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, KENNETH T 4901 N. FED. HWY #100 FT. LAUDERDALE, FL 33308
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.

SIGNATURE: _____ **4/30/2002** **954-491-3848**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)