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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97147**

1. Corporation Name
TRICOM PICTURES & PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
2001 W. SAMPLE RD. 101 POMPANO BEACH FL 33064 US	2001 W. SAMPLE RD. 101 POMPANO BEACH FL 33064 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 11/27/1991

4. FEI Number: 59-3099845 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

SCHACK, EDWARD ESQ.
1320 S DIXIE HWY
SUITE 1180
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name: A. Wayne Gill Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 2001 West Sample Rd # 401 300
83
84 City: Pompano Beach FL 85 Zip Code: 33069

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 1-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALFIERI, MARK		1.2 NAME		
STREET ADDRESS	1460 SW 14TH DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33480		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEVINE, JACK		2.2 NAME		
STREET ADDRESS	11330 TIMBERLODGE TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WARM, ERIC J		3.2 NAME		
STREET ADDRESS	21583 RED BAY ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		3.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SECRETA, JR., RON J	Delete	4.2 NAME		
STREET ADDRESS	3521 W. HILLSBORO		4.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT CREEK FL 33073		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, DOUGLAS C		5.2 NAME		
STREET ADDRESS	22751 SW 65TH WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: _____ Vice Pres JACK LEVINE 1/4/99 954-969-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #