FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 16, 2001 8:00 am Secretary of State **DOCUMENT # S97147** 1. Entity Name TRICOM PICTURES & PRODUCTIONS, INC. 01-16-2001 90077 005 ***150 00 Mailing Address Principal Place of Business 2001 W. SAMPLE RD. 2001 W. SAMPLE RD. 00003796 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3099845 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WAYNE, A G Street Address (P.O. Box Number is Not Acceptable) 2001 WEST SAMPLE RD. #300 POMPANO BEACH FL 33069 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. DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☑ Change ☐ Addition DPT Delete TITLE TITLE NAME ALFIERI, MARK NAME 2001 W. Sample Rd. - Svite 101 STREET ADDRESS STREET ADDRESS 1460 SW 14TH DR Pompono Beach, FL 33064 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33480** Addition DVS Delete TITLE TITLE NAME 2001 West Sunde Rd-Suite 101 NAME LEVINE, JACK 11330 TIMBERLODGE TERRACE STREET ADDRESS STREET ADDRESS Pumpano Beach, FL 33064 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** Addition ☐ Delete TITLE TITLE WARM, ERIC J NAME 2001 West Surple Rd - Suite 10) Pumpano Beach FL 33064 NAME STREET ADDRESS STREET ADDRESS 21583 RED BAY ROAD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIF 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.