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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004840 (0)

1. Corporation Name
INTERNET COMMUNICATION NETWORK CORP.

Principal Place of Business	Mailing Address
6420 CONGRESS AVE., STE. 1850 BOCA RATON FL 33487	6420 CONGRESS AVE., STE. 1850 BOCA RATON FL 33487-2811

3. Date Incorporated or Qualified: 01/12/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 6420 Congress Ave.
Suite, Apt #, etc
22 Suite 2000
City & State
23 Boca Raton, FL
Zip 24 33487 Country 25 USA

2a. Mailing Address
26 6420 Congress Ave.
Suite, Apt. #, etc.
27 Suite 2000
City & State
28 Boca Raton, FL
Zip 29 33487 Country 30 USA

4. FEI Number: 65-0639591 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINKELSTEIN, DAVID
6420 CONGRESS AVE., STE. 1850
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Finkelstein, David
82 Street Address (P.O. Box Number is Not Acceptable): 6420 Congress Ave. Suite 2000
83
84 City: Boca Raton **FL** 85 Zip Code: 33487

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FINKELSTEIN, DAVID	
STREET ADDRESS	6420 CONGRESS AVE., STE. 1850	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	DST	☐ DELETE
NAME	ALCALAY, DAVID	
STREET ADDRESS	6420 CONGRESS AVE., STE. 1850	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6420 Congress Ave., Suite 2000	
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6420 Congress Ave., Suite 2000	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 1/27/97 561-998-2060 x204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #