**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 08, 2018**
**Secretary of State**
**CC6623996364**

DOCUMENT# P06000064202

**Entity Name:** ICE CUBE, INC.

**Current Principal Place of Business:**

6013 ELEANOR DRIVE
TAMPA, FL 33634

**Current Mailing Address:**

P.O. BOX 272537
TAMPA, FL 33688

**FEI Number: 26-0811253**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SAMSON, RUSSELL
14196 FENNSBURY DRIVE
TAMPA, FL 33624 US

*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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P |
| Name | SAMSON, RUSSELL |
| Address | 14196 FENNSBURY DRIVE |
| City-State-Zip: | TAMPA FL 33624 |

| | |
|---|---|
| Title | S |
| Name | SAMSON, RUSSELL ASST. |
| Address | 14196 FENNSBURY DRIVE |
| City-State-Zip: | TAMPA FL 33624 |

| | |
|---|---|
| Title | VST |
| Name | SAMSON, LORI |
| Address | 14196 FENNSBURY DRIVE |
| City-State-Zip: | TAMPA FL 33624 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SAMSON, MATTHEW B |
| Address | 14196 FENNSBURY DR |
| City-State-Zip: | TAMPA FL 33624 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SAMSON, MADISON G |
| Address | 14196 FENNSBURY DR |
| City-State-Zip: | TAMPA FL 33624 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: RUSSELL SAMSON PRES 02/08/2018

Electronic Signature of Signing Officer/Director Detail — Date