

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F00000001107

**FILED**  
**Jul 29, 2009**  
**Secretary of State****Entity Name:** INTERNATIONAL COMMERCIAL TELEVISION, INC.**Current Principal Place of Business:**299 MADISON AVENUE NORTH  
SUITE C  
BAINBRIDGE ISLAND, WA 98110 US**New Principal Place of Business:****Current Mailing Address:**487 DEVON PARK DRIVE  
SUITE 212  
WAYNE, PA 19087 US**New Mailing Address:****FEI Number:** 76-0621102      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**JORDAN, DIANNE  
4222 SOUTH OCEAN BLVD  
SUITE # 1  
HIGHLAND BEACH, FL 33487 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** PSD      ( ) Delete  
**Name:** CLANEY, KELVIN  
**Address:** 10245 SUNRISE PLACE NE  
**City-St-Zip:** BAINBRIDGE ISLAND, WA 98110 US**Title:** V      ( ) Delete  
**Name:** SCHEINER, RICHARD  
**Address:** 66 SOLDIERS SQUARE  
**City-St-Zip:** WAYNE, PA 19087 US**Title:** T      ( ) Delete  
**Name:** RANSOM, RICHARD  
**Address:** 2640 WOODLAND ROAD  
**City-St-Zip:** ABINGTON, PA 19001 US**Title:** D      (X) Delete  
**Name:** FLOHR, WILLIAM  
**Address:** 355 22ND STREET  
**City-St-Zip:** SANTA MONICA, CA 90402 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD SCHEINER

V

07/29/2009

Electronic Signature of Signing Officer or Director

Date