2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001417

FILED Aug 02, 2007 Secretary of State

Entity Name: INTERNATIONAL CABLE CORPORAT	TION
Current Principal Place of Business:	New Principal Place of Business:
33 WALES AVENUE AVON, MA 02322	33 WALES AVENUE UNIT G AVON, MA 02322
Current Mailing Address:	New Mailing Address:
33 WALES AVENUE AVON, MA 02322	
FEI Number: 04-3475311 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
VASQUEZ, EDMERSON 8601N.W. 81ST ROAD SUITE 101 MIAMI, FL 33166 US	VASQUEZ, EDMERSON 8601 N.W. 81ST ROAD SUITE 101 MIAMI, FL 33166 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:	08/02/2007
Electronic Signature of Registered Ag	ent Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:	ot receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD () Delete Name: FRUMAN, JEFFREY Address: 26 SOUTHWOOD LANE City-St-Zip: NEEDHAM, MA 02492	Title: PD (X) Change () Addition Name: FRUMAN, JEFFREY Address: 45 JOHN STREET City-St-Zip: NEEDHAM, MA 02492
Title: TD () Delete Name: BALDER, BRUCE Address: 32 MARANT DRIVE City-St-Zip: NEEDHAM, MA	Title: () Change () Addition Name: Address: City-St-Zip:
Title: CD () Delete Name: FRUMAN, LAURENCE Address: 125 COUNTRYSIDE ROAD City-St-Zip: NEWTON, MA 02159	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: JEFFREY FRUMAN PD 08/02/2007