

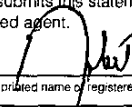
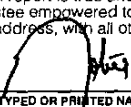


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90197 032 ***150.00

DOCUMENT # F95000002528 1. Entity Name IC HOLDINGS, INC.					
Principal Place of Business C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160			Mailing Address C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business Suite/Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0576369	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATAS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160				7. Name and Address of New Registered Agent Name MATAS, ALAN Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BOULEVARD, PH2 City AVENTURA FL Zip Code 33160	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  Alan Matas 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> EV President <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRUMP, EDDIE 4000 ISLAND BLVD. NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, AS AMRANT, AYELET 4000 ISLAND BLVD, PH2 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVT LIEB, JAMES M 4000 ISLAND BLVD. NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TRUMP, JULIUS 4000 ISLAND BLVD. NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MATAS, ALAN 7900 ISLAND BLVD NORTH MIAMI BEACH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP MATAS, ALAN 4000 ISLAND BLVD, PH2 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS HIRSCH, MARK S 405 LEXINGTON AVE NEW YORK, NY 10174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP TORPEY, CARITE L 4000 ISLAND BLVD MIAMI, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Alan Matas 4-28-04 305-937-7836 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					