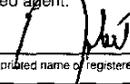
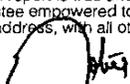


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 | | | 3. Mailing Address | | |
| Suite/Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0576369 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MATAS, ALAN 7900 ISLAND BLVD. NORTH MIAMI BEACH, FL 33160 | | | | Name MATUS, ALAN | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 4000 ISLAND BOULEVARD, PH2 | |
| | | | | City AVENTURA | Zip Code 33160 |
| | | | | FL | |
| 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 Matus 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 DATE | | | | | |
| 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 AMRANI, AYELET 4000 ISLAND BLVD, PH2 AVENTURA, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP MATUS, ALAN 7900 ISLAND BLVD NORTH MIAMI BEACH, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEVP MATUS, ALAN 4000 ISLAND BLVD, PH2 AVENTURA, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <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 | 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 Matus 4-28-04 305-937-9836 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

