

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** F98060003227

**1. Entity Name**  
IBAC Corporation

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 17 PM 1:29

**Principal Place of Business**  
136 Lakeshore Drive  
Suite 812  
North Palm Beach, FL 33408

**Mailing Address**  
SAME

<b>2. Principal Place of Business</b> 136 Lakeshore Drive Suite, Apt. #, etc. 812 City & State North Palm Beach, FL Zip 33408	<b>3. Mailing Address</b> Same Suite, Apt. #, etc. same City & State same Zip same Country USA
----------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE  
06/08/00 90432009 150

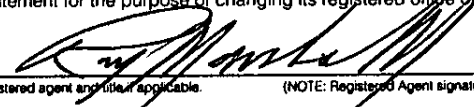
<b>4. FEI Number</b> 650780429	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**  
George A. Janke  
1201 US Hwy. 1 Ste. 205  
North Palm Beach, FL 33048

**7. Name and Address of New Registered Agent**

<b>Name</b> Ray Marshall
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 136 Lakeshore Drive Ste. 812
<b>City</b> North Palm Beach <b>FL</b> <b>Zip Code</b> 33408

**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.**


**SIGNATURE** Ray Marshall  **DATE** 4-25-01

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Delete George A. Janke 1201 US Hwy. 1 Ste. 205 North Palm Beach, FL 33408	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Director Chmn</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ray Marshall 136 Lakeshore Drive Ste. 812 North Palm Beach, FL 33408
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leo Palmer 136 Lakeshore Drive Ste. 812 North Palm Beach, FL 33408
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Director</b> <input type="checkbox"/> Delete Libo Fineberg, Esq. 3500 Gateway Drive #200 Pompano Beach, FL 33069	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Ray Marshall**  
President, Director **4-25-01** **800-822-2035**

CR2E034 (9/99)



**Ice Ban Canada, Ltd.**

*A subsidiary of IBAC Corporation*

April 25, 2001

Uniform Business Report  
Reinstatement Department  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: IBAC Corporation – 2000 UBR Filing

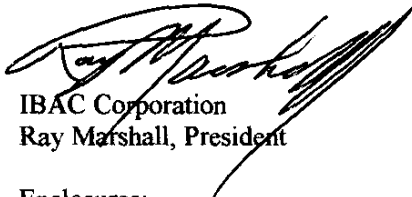
Gentlemen:

I believe your records will show that IBAC Corporation filed the UBR in a timely manner and pay the required the in April of 2000. I also understand that you wrote a letter of instruction to us using the former address. Unfortunately the registered agent died on April 27 2000 and any mail directed to him was not received.

I specifically request that the IBAC Corporation be reinstated in accordance with your office procedures without paying the late charge.

Attached to this letter you'll find the UBR for the year 2001 ahead and our check number 1032 in the amount of \$158.75. Please process this in your normal manner so that the Corporation is in good standing for this year. Thank you for your service and consideration.

Very truly yours,



IBAC Corporation  
Ray Marshall, President

Enclosures: