

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G68289

Entity Name: INDICOM, INC.

FILED
Apr 30, 2008
Secretary of State**Current Principal Place of Business:**911 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**New Principal Place of Business:****Current Mailing Address:**911 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168**New Mailing Address:**

FEI Number: 59-2346874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CONWAY, CRAIG D R
911 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US**Name and Address of New Registered Agent:**CONWAY, CRAIG D
911 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 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: CRAIG D CONWAY

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: CONWAY, CRAIG D
Address: 203 RANKEN DRIVE
City-St-Zip: EDGEWATER, FL 321417502 USTitle: VSTD () Delete
Name: MCKENNA, JOHN E
Address: 3962 SW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 326072722 USTitle: C () Delete
Name: CONWAY, JAMES D
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW, SCOTLAND, UKTitle: D () Delete
Name: CONWAY, ANNE
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW, SCOTLAND, UKTitle: VD (X) Delete
Name: CONWAY, JAMES C
Address: 1314 E LASOLAS BLVD #25
City-St-Zip: FT. LAUDERDALE, FL 33301 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PSTD (X) Change () Addition
Name: CONWAY, CRAIG D
Address: 203 RANKEN DRIVE
City-St-Zip: EDGEWATER, FL 321417502 USTitle: VD (X) Change () Addition
Name: CONWAY, JAMES C
Address: 1314 E LAS OLAS BLVD #25
City-St-Zip: FT LAUDERDALE, FL 33301 USTitle: C (X) Change () Addition
Name: CONWAY, JAMES D
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW, SCOTLAND, UK UKTitle: D (X) Change () Addition
Name: CONWAY, ANNE
Address: 60 LANTON ROAD
City-St-Zip: GLASGOW, SCOTLAND, UK UKTitle: () 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: CRAIG D CONWAY

PSTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date