

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96711

1. Entity Name

INTEGRATED COMMUNICATION NETWORKS, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90085 036 ***150.00

Principal Place of Business

Mailing Address

100 2ND AVE. SOUTH
901
ST. PETERSBURG FL 33701
US

100 2ND AVE. SOUTH
901
ST. PETERSBURG FL 33701
US

00004858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2958613**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOLENDA, JOHN F
~~100 2ND AVE. SOUTH~~
~~SUITE 901~~
ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KOLENDA, JOHN F
STREET ADDRESS ~~100 2ND AVE. SOUTH~~ OK
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME GIANINNI, MARK
STREET ADDRESS ~~100 2ND AVE. SOUTH, SUITE 901~~ OK
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D
NAME BERT, JOSEPH F
STREET ADDRESS 2180 W STATE RD 434 STE 1150
CITY-ST-ZIP LONGWOOD FL

TITLE D
NAME HARRISON, BRANDON R
STREET ADDRESS P.O. BOX 1730 N/A
CITY-ST-ZIP EDWARDS CO 81632

TITLE D
NAME PATTERSON, DAVID Z
STREET ADDRESS ~~201 EAST 6TH STREET~~
CITY-ST-ZIP CINCINNATI OH 45202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 52 Bluegrass Court (Ranch at Cordillera)
CITY-ST-ZIP Edwards, CO. 81632

TITLE
NAME
STREET ADDRESS 250 E. 5th St., 1100 Chiquita Center
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Gianinni

Date

Daytime Phone #

1-8-01 727-821-2300

CR2E034 (10/00)

0355988