

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021024

FILED
May 01, 2009
Secretary of State

Entity Name: ICON MARKETING GROUP, LLC

Current Principal Place of Business:

4700 MILLENIA BLVD
STE 175
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 616958
ORLANDO, FL 32861

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DANIELS, MILLICENT E
4700 MILLENIA BLVD
STE 175
ORLANDO, FL 32839 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BREWSTER, FREDERICK
Address: POST OFFICE BOX 616958
City-St-Zip: ORLANDO, FL 32861

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: DANIELS, MILLICENT E
Address: POST OFFICE BOX 616958
City-St-Zip: ORLANDO, FL 32861

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: VALDEZ, VERONICA
Address: POST OFFICE BOX 616958
City-St-Zip: ORLANDO, FL 32861

Title: () 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VERONICA VALDEZ

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date