

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-06-2002 90184 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049275

1. Entry Name

INTER COMMUNICATION MEDIA (USA) INC.

Principal Place of Business

250 Catalonia Avenue, Suite 706
 Coral Gables, FL 33174

Mailing Address

501 Brickell Key Drive
 Suite 400
 Miami, Florida 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number



Applied For

Not Applicable

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

NS Corporate Services Inc.
 501 Brickell Key Drive, Suite 400
 Miami, FL 33131

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐ **\$6.00 May Be
 Added to Fee**

11. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
 NAME Lytton, Edqin Arthur.
 STREET ADDRESS 250 Catalonia Avenue, Suite 706
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ DELETE
 NAME Barillas Flores, Carlos Rafael
 STREET ADDRESS 250 Catalonia Avenue, Suite 706
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE D ☐ DELETE
 NAME Barillas Flores, Federico A.
 STREET ADDRESS 250 Catalonia Avenue, Suite 706
 CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 annual report or supplemental annual 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,

SIGNATURE:

SIGNATURE *[Signature]* RED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #