

03-19-2003 90121 016 ***150.00

FILED P01000049275

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

03 MAY 15 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55031853

DOCUMENT # P01000049275

1. Entity Name
INTER COMMUNICATION MEDIA (USA), INC.Principal Place of Business
250 CATALONIA AVENUE
SUITE 706
CORAL GABLES FL 33174Mailing Address
250 CATALONIA AVENUE
SUITE 706
CORAL GABLES FL 33174

2. Principal Place of Business

250 CATALONIA AVE.

3. Mailing Address

250 CATALONIA AVE

Suite, Apt. #, etc.

Suite 505

Suite, Apt. #, etc.

Suite 505

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

FL 33134

Country

Zip

33134

Country

☐ CHECK HERE IF MAKING CHANGES01-0554741
APPLIED FORApplied For
Not Applicable5. Certificate of Status Desired -- ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NS CORPORATE SERVICES, INC.
501 BRICKELL KEY DRIVE, SUITE 400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name EDWIN A. LYTON

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

250 CATALONIA AVE

Suite 505

City CORAL GABLES

FL

Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when registering)

DATE

3/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LYTON, EDWIN ARTHUR
STREET ADDRESS 250 CATALONIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33174 ☐ DeleteTITLE D
NAME BARILLAS FLORES, CARLOS RAFAEL
STREET ADDRESS 250 CATALONIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33174 ☐ DeleteTITLE D
NAME BARILLAS FLORES, FEDERICO A
STREET ADDRESS 250 CATALONIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33174 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR
NAME EDWIN ARTHUR LYTON ☒ Change ☐ Addition
STREET ADDRESS 250 CATALONIA AVE SUITE 505
CITY-ST-ZIP CORAL GABLES FL 33134TITLE D
NAME CARLOS RAFAEL BARILLAS FLORES ☒ Change ☐ Addition
STREET ADDRESS 250 CATALONIA AVE SUITE 505
CITY-ST-ZIP CORAL GABLES FL 33134TITLE D
NAME FEDERICO A. BARILLAS FLORES ☒ Change ☐ Addition
STREET ADDRESS 250 CATALONIA AVE SUITE 505
CITY-ST-ZIP CORAL GABLES FL 33134TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

(305) 444-1048