

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

**FILED**  
**Aug 18, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90006 032 \*\*\*150.00

<b>DOCUMENT #</b> P03000011169	
<b>1. Entity Name</b>	
Icon Sports Inc.	

**DO NOT WRITE IN THIS SPACE**

44052169

<b>2. Principal Place of Business</b> 488 NE 2nd Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL		City & State	
Zip 33301	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 54-2092855		<b>Applied For</b> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		\$8.75 Additional Fee Required
	<b>7. Name and Address of Current Registered Agent</b>		
	Name Luis A Escobar		
	Street Address (P.O. Box Number is Not Acceptable) 6209 W Commercial Boulevard		
Suite 7			
City Tamarac			FL Zip Code 33319

<b>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.</b>			
<b>SIGNATURE</b>	Luis Escobar	<b>10/12/2004</b>	<b>DATE</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVTS Anthony Presciano 488 NE 2nd Avenue Fort Lauderdale, FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>		President	10/12/2004	954-829-5280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #

Attachment

44052169

# **CBS FINANCIAL, CPA, PA**

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

August 11<sup>th</sup>, 2004

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Icon Sports, Inc.  
Form: 2004 Uniform Business Report  
Document #: P003000011169

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently.

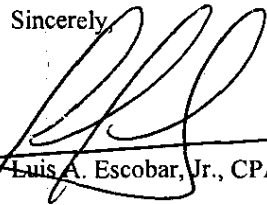
During our initial interview with the taxpayer it was discovered that **they had not received** the Florida's 2004 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer has moved and has a new mailing address.

Please find enclosed the properly completed 2004 Uniform Business Report and taxpayer's check payable to the Florida Department of State in the amount of \$150.00.

Please abate any late filing fees or other penalties. The taxpayer did not intend to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,



Luis A. Escobar, Jr., CPA

Encl.: 2004 Uniform Business Reports  
Cc.: Mela's and Beauty, Inc.