## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # P93000083654 1. Entity Name 05-07-2002 90212 045 \*\*\*150.00 INTERNATIONAL COMMUNITY MARKETING, INC. Principal Place of Business Mailing Address 4037 METRIE DR STE 120 4037 METRIE DR STE 120 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3214002 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VECCIA. DENNIS P Street Address (P.O. Box Number is Not Acceptable) 120 UNIVERSITY PARK DRIVE SUITE 150 **WINTER PARK FL 32792** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME CHARANI, AMMAR NAME STREET ADDRESS STREET ADDRESS 4037 METRIE DR STE 120 CITY-ST-7IP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete TITLE Addition NAME NAME VECCIA, DENNIS P STREET ADDRESS STREET ADDRESS 4037 METRIE DR STE 120 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete TITLE Addition AREF ACTAWAM NAME NAME WINTER PARK FL 32791 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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