

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91443 002 ***150.00

0672036 MB

DOCUMENT # P95000057051

1. Entity Name
ICON MARKETING COMMUNICATIONS, INC.



Principal Place of Business
**129 NORTH FORT HARRISON
CLEARWATER FL 33755
US**

Mailing Address
**P.O. BOX 1628
418 GARND PK DR STE 321
PARKERSBURG WV 26101**



2. Principal Place of Business
100 N. Tampa Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3300

City & State

City & State

Tampa, FL

Zip

Country

Zip

Country

33602

USA

4. FEI Number **59-3326051**

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

**MUNHOLLAND, WILLIAM
129 NORTH FORT HARRISON
CLEARWATER FL 33755**

Name
Street Address (P.O. Box Number is Not Acceptable)
100 N. Tampa Street Suite 3300

City **Tampa, FL** Zip Code **33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVD** ☐ Delete
NAME **MUNHOLLAND, WILLIAM A**
STREET ADDRESS **979 RIDGEWOOD TERRACE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **100 N. Tampa Street Suite 3300**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **V** ☐ Delete
NAME **LESSIG, C R**
STREET ADDRESS **418 GRAND PARK DR. STE 321**
CITY-ST-ZIP **PARKERSBURG WV 26101**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **TAFT, DAWN**
STREET ADDRESS **840 JEFFERSON PLACE**
CITY-ST-ZIP **SHREVEPORT LA 71104**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HOLBERT, BRENT L**
STREET ADDRESS **585 S FRONT ST, STE 300**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03 (304) 424-3591
Date Daytime Phone #

CR2E034 (10/02)