2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P95000069396



FILED Mar 07, 2007 8:00 am Secretary of State 03-07-2007 90003 047 ***150.00

128/07

Daytime Phone #

Mailing Address Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mailing Mail	1. Entity Name INTERCONTINENTAL COMMUNICATIONS GROUP, INC.										
SUITE ZOM FORT LAUDERDALE, FL 33309 2. Principal Packs of Business - No P.O. Box # 3. Mailing Address Cory & State	Principal Place	e of Business	Mailing Address								
FORT LAUDERDALE, FL 33399 FORT LAUDERDALE, FL 33399 2. Principal Place of Business - No P.O. Dox # 3. Marting Applicable City & State											
Sulto, Apt. 4, etc. Cary & State						HALUF OUR DON'T AUGU UUCH		I a a filia iaria t			
City & State Ci	2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
ZP Country Zip Country S. Country							CR2E0				
Second S	City & State		City & State					\vdash			
Name Street Auditions (P.O. Box Number is Not Acceptable)	Zip -	Country	Zip Count		,	5. Certificate	of Status Desired		\$8.75 Ad	lditional	
HEITZ, WILLIAM R ESO 1475 W CYPRES CREEK RD SUITE 204 FT LAUDERDALE, FL 33309 The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Rinda. I am amiliar with and accept the orbigations of registered agent, or born, in the State of Rinda. I am amiliar with and accept the orbigations of registered agent. SIGNATURE City FL Zip Column Zip Colum		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent		
SUTIE 204 FT LAUDERDALE, FL 33309 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 Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the obligations of registered agent, or both, in the State of Ronda. I am farmillar with and accept the accep	HEITZ WILLIAM R ESO				Name						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent reports prince have or prince have a registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. Comparison of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent, or both, in the State of Florida Status, in the State of Florida Status, in the State of Florida Status, in the Florida Status,	1475 W CYPRESS CREEK RD				Street Address (F	P.O. Box Numbe	r is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Interpretation								_			
SIGNATURE Signature Proceedings Process Process					City	_	-	FL	Zip Cod	de	
After May 1, 2007 Fee will be \$55.0.00 After May 1, 2007 Fee will be \$55.0.00 Trust Fund Contribution OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PO ROSEN, MATTHEW ROSEN	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										
After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE PD Change Addition NAME ROSEN, MATTHEW SIRET ADDRESS CITY-ST-2IP FI LAUDERDALE, FL 33309 1475 W CYPRESS CREEK RD, SU 204 FT LAUDERDALE, FL 33309 1475	SIGNATURE_	Signature, typed or printed name of registered agent (gent signature required	when reinstating)		DATE					
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PD Change Addition A											
TITLE ROSEN, MATTHEW ROSEN, MAKE ROSEN, MATTHEW ROSEN, MAKE ROSEN, MATTHEW ROSEN, MAKE ROSEN, MATTHEW ROSEN, MAKE RIVER ADDRESS RIVER ADDRESS RIVER ADDRESS RIVER ADDRESS RESERVEN, SU 204 FT LAUDERDALE, FL 33309 CITY-St-ZIP ROSEN	FILE NOVIM FEE IS \$130.00										
ROSEN, MATTHEW 1475 W CYPRESS CREEK RD, SU 204 175 W CYPRESS CREEK RD, SU 204 176 W CYPRESS CREEK RD, SU 204 177 W W W W W W W W W W W W W W W W W W	10.		DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 11	
STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P STREET		· =	☐ Delete						☐ Change	☐ Addition	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		·			vodress						
NAME STREET ADDRESS CITY-ST-ZIP TITLE SHUBBERS CREEK RD, SU 204 STREET ADDRESS CITY-ST-ZIP TITLE SHUBBERS CREEK RD, SU 204 STREET ADDRESS CITY-ST-ZIP TITLE SHUBBERS CREEK RD, SU 204 STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	CITY-ST-ZIP		/	CITY-ST	- ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE S HUGHES, BARBARA HUGHES, BARBARA HUGHES, BARBARA HAT5 W CYPRESS CREEK RD, SU 204 FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE NAME HUGHES, BARBARA HAT5 W CYPRESS CREEK RD, SU 204 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE		* *	Delete Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S			SU 204	1	OORESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	·		CITY-ST	- ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		=	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADD			SU 204		ODRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS	CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST	- ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-S			☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A					DDRESS						
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST	- ZIP		····				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1					☐ Change	☐ Addition	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information					ODRESS						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Literaby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information	CITY-ST-ZIP			CITY-ST	-ZIP						
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information			Delete						Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information					DDRESS					İ	
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.	indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report as	signaturé	shall have the s	ame legal effect	as if made under or	ath; that I as	m an officer	r or director	

Whata Styfus.

ME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _