2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

DOCUMENT # P95000069396 FILED INTERCONTINENTAL COMMUNICATIONS GROUP, INC. 07 SEP 24 AM 9: 55 DEUNETANT UP STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1475 W CYPRESS CREEK RD 1475 W CYPRESS CREEK RD SUITE 204 220 SUITE 204 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07192007 Chg-P City & State City & State 4. FEI Number Applied For 65-0527930 Not Applicable Zip Country Zip 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 HEITZ, WILLIAM R ESQ. 1475 W CYPRESS CREEK RD SUITE 204 FT LAUDERDALE, FL 33309 Zip Code **3330**5 CANDERDALE 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 age BARBARA Hushes 9. Election Campaign Financing **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE -pance Accition ROSEN, MATTHEW NAME NAME 1475 W CYPRESS CREEK RD. Suik 204 STREET ADDRESS STREET ADDRESS 10/02/07--01037--019 FT LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition HUGHES, BARBARA NAME NAME 1475 W CYPRESS CREEK RD. Suik WY STREET ADDRESS STREET ADDRESS CHY-\$1-ZIP FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE ☐ Change Addition Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Defete Addition ☐ Change TITLE 100 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILL Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP ☐ Change Addition HILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. Thereby 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 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.