

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90153 024 ***158.75

DOCUMENT # P95000070969

1. Entity Name
ICW ENTERTAINMENT, INC.



Principal Place of Business

P.O. BOX 1169
PT SALERNO FL 34992
US

Mailing Address

P.O. BOX 1169
PT SALERNO FL 34992
US

2. Principal Place of Business

354 EAST 83RD STREET

Suite, Apt. #, etc.

SUITE L

City & State

NEW YORK, NY

Zip

10028

Country

3. Mailing Address

354 EAST 83RD ST

Suite, Apt. #, etc.

SUITE L

City & State

NEW YORK, NY

Zip

10028

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0621317

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAIR, EDWARD J. JR.

3274 SE JEFFERSON ST.

STUART FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
CLAIR, EDWARD J
3274 SE JEFFERSON ST.
STUART FL 34997

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VS
CLAIR, KATHERINE W
3274 SE JEFFERSON ST.
STUART FL 34997

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 Block 11 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

2/06/03

Date

912-259-4412

Daytime Phone #

CR2E034 (10/02)