2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000021820 Feb 16, 2000 8:00 am Secretary of State 1. Entity Name INTERNATIONAL COMMUNICATIONS CONTRACTORS, INC. 02-16-2000 90117 026 ***150.00 Principal Place of Business Mailing Address 5705 DELANO LANE 5705 DELANO LANE ORLANDO FL 32821 ORLANDO FL 32821-7637 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3384281 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARENA, DENNIS Street Address (P.O. Box Number is Not Acceptable) 5705 DELANO LANE ORLANDO FL 32821 Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE Delete TITLE STIVER, KENNETH J NAME STREET ADDRESS STREET ADDRESS **860 ONTARIO STREET** CITY-ST-ZIP CITY-ST-ZIP KENMORE NY 14217 VSD ☐ Change Addition TITLE ☐ Delete ARENA, DENNIS J NAME 5705 DELANO LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 ☐ Change Addition ☐ Delete TITLE TITLE ARENA, PAUL K NAME NAME **5705 DELANO LANE** STREET ADDRESS STREET ADDRESS ORLANDO FL 32821 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-ST-ZIP

MAGNATURE REQUIRED OF STREET

2/9/2000

Daytime Phone #