

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90343 009 ***150.00

DOCUMENT # P96000060493

1. Entity Name
IMCOMMUNICATIONS, INC.



Principal Place of Business
**504 STOREMONT LANE
WESTON, FL 33326 US**

Mailing Address
**504 STOREMONT LANE
SUITE 101
WESTON, FL 33326 US**



2. Principal Place of Business
504 Stonemont Lane
Suite, Apt. #, etc.

3. Mailing Address
504 Stonemont Lane
Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

04282004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0500684

Applied For
Not Applicable

Zip
33326

Country
Broward

Zip
33326

Country
Broward

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MALTER, CHRISTOPHER
504 STONEMONT LN
FORT LAUDERDALE, FL 33326**

7. Name and Address of New Registered Agent

Name **Malter, Christopher**

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

504 Stonemont Lane

City **Weston**

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

Christopher J. Malter

(NOTE: Registered Agent signature required when reinstating)

4/28/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MALTER, CHRISTOPHER**
STREET ADDRESS **504 STONEMONT LANE**
CITY-ST-ZIP **WESTON, FL 333263506**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Christopher J. Malter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

954-349-4603

Daytime Phone #