FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

2a. Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

2. Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

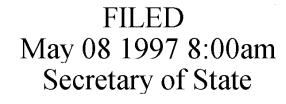
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090857 (9)

INTERNATIONAL COMMUNICATION PRODUCTIONS, INC.

Principal Place of Business Mailing Address 721 S.E. 17TH STREET FORT LAUDERDALE FL 33316-2927 721 S.E. 17TH STREET FORT LAUDERDALE FL 33316





3. Date Incorporated or Qualified

11/05/1996

3a. Date of Last Report

2. Principal Place of Business					2a. Mailing Address						4. FEI Number	· L	Ar	oplied For	
21	**************************************				26					- 1	65-0706076		No	ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75	Additional	
22					27					ł	Cermicate of Status Desired	ليبا	Fee Re	equired	
City & Stato					City & State						6. Election Campaign Financing		\$5.00	May Be	
23					28]	Trust Fund Contribution			to Fees	
Z	Zip Country				Zip Cou			ntry	otry		8. This corporation has liability for intangible tax under s. 199			199,032,	
24			25	29			30	0		Florida Statutes Yes 🔀 No					
9. Name and Address of Current Registered Agent											Name and Address of New R	egistered .	Agent		
VIVIES, PATRICK								81	Name					l	
704 CE 17TU CIDECT							82	82 Street Address (P.O. Box Number is Not Acceptable)							
FORT LAUDERDALE FL 33316									00011.01		of the box Hallman to Hall hoods	10107		}	
								83							
								84	City				Tan 7:		
									City			FL	85 Zip	Code	
11.	Pursuant to	the provisi	ions of Sections (307.0502 and 6	07.1508, Flori	da Statute	s, the at	ove	-named co	rpor	ation submits this statement for the	purpose of	changing it	ts registered	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.															
SIGNATURE															
olul	SI	gnature, typed	or printed name of regi	stered agent and bile	Il applicable.	(NO1E	: Registered	Ager	1 signalure req	uired v	when reinstating)	DATE	··	[
12.			OFFICE	RS AND DIRE	CTORS		13.		·		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 12	ý
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NAME VIVIES, PATRICK					1.2 N			ME]	7		
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_city_st-zip FORT LAUDERDALE FL 33316					1.4 D			IY-ST	ZIP					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Š
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	ADDRESS								ADDRESS					}	
CITY-S	1						6.4 CII		1					{	
14.	do hereby	certify that	the information :	supplied with th	nis filing does	not qualify	for the	exen	nption state	d in	Section 119.07(3)(i), Florida Statut	es. I further	certify that	the	
.	nformation i am an offic	indicated o	on this annual rec	oort or supplem ation or the rec	iental annual r eiver or truste	oport is tru e empowe	ue and a pred to e	COUR	rate and tha	at my	y signature shall have the same leg s required by Chapter 607, Florida	al effect as	if made un	der oath: that L	