

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90022 033 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> <u>P97000026651</u> <b>1. Entity Name</b> <u>International Contacts Group, Inc.</u>			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> <u>311 North Bayside Dr.</u> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <u>SAME</u> Suite, Apt. #, etc.	
<b>City &amp; State</b> <u>SAFETY HARBOR, FL</u>		<b>City &amp; State</b> _____	
<b>Zip</b> <u>34695</u>		<b>Country</b> <u>Pinellas</u>	
<b>4. FEI Number</b> <u>59-3457408</u>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> <u>KEITH PINKE</u>			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>30 LAKE CT.</u>			
<b>City</b> <u>OLDSMAR</u> <b>FL</b> <b>Zip Code</b> <u>34677</u>			
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining))</small> <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:</b> <input type="checkbox"/>		<b>10. Election Campaign Financing Trust Fund Contribution:</b> <input type="checkbox"/> <b>\$5.00 May Be Added in Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<u>PC</u> <u>PINKE, KEITH</u> <u>30 LAKE CT.</u> <u>OLDSMAR, FL 34677</u>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	_____
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>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 on an attachment with an address with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Keith Pinke</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>9/6/02</u> <u>727-638-1784</u> <small>Date Daytime Phone</small>	

Attachment  
#P970000 ZG657/871218

September 6, 2002

Whomever:

Yesterday it was brought to my attention that the UBR for my company ( International Contacts Group, Inc. ) was not filed. We usually receive this form each year by mail but due to our address change have not received it. I am enclosing a check for \$150.00 ( one hundred fifty dollars ) to process the report and request a waiver for the late filing fee.

The new address for my company is as follows:

International Contacts Group, Inc.  
311 North Bayshore Drive  
Safety Harbor, FL 34695

Thank you for your assistance concerning this request.

Sincerely,

  
Keith Pinke