

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**  
05-15-2002 90139 041 \*\*\*150.00

**DOCUMENT # P97000027134**

1. Entity Name

**ICON PRODUCTIONS, INC.**

Principal Place of Business

**300 ARAGON AVENUE  
SUITE #360  
CORAL GABLES FL 33134**

Mailing Address

**300 ARAGON AVENUE  
SUITE #360  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0813743**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALEZ, SERGIO  
8415 S.W. 107TH AVENUE  
#149W  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name  
**Hector Millan**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 Aragon Avenue, Suite No. 360**  
City **Coral Gables,** **FL** Zip Code **33134**

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 **Hector Millan****04/13/2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>/N/</b>	<b>/GONZALEZ, SERGIO/</b>	<b>/107TH AVENUE #149W/</b>	<b>/MIAMI FL 33173/</b>
	<b>P</b>	<b>MILLAN, HECTOR</b>	<b>916 MARIANA AVENUE</b>	
		<b>CORAL GABLES FL 33134</b>		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>DS</b>	<b>Sara Millan</b>	<b>916 Mariana Avenue</b>		<input checked="" type="checkbox"/> Addition
		<b>Coral Gables, Florida 33134</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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: *Hector Millan* HECTOR MILLAN, President 4/13/2002 (305)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)