

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000027134

Entity Name: ICON PRODUCTIONS, INC.

FILED
Apr 05, 2005
Secretary of State

Current Principal Place of Business:

4135 LAGUNA ST
SUITE E
MIAMI, FL 33146

New Principal Place of Business:

916 MARIANA AVE
MIAMI, FL 33134

Current Mailing Address:

4135 LAGUNA ST
SUITE E
MIAMI, FL 33146

New Mailing Address:

916 MARIANA AVE
MIAMI, FL 33134

FEI Number: 65-0813743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLAN, HECTOR
300 ARAGON AVE, STE NO. 360
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

MILLAN, HECTOR
916 MARIANA AVE
MIAMI, FL 33134 US

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: SARA MILLAN

04/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: MILLAN, SARA
Address: 916 MARIANA AVE
City-St-Zip: MIAMI, FL 33134

Title: P () Delete
Name: MILLAN, HECTOR
Address: 916 MARIANA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MILLAN, SARA
Address: 916 MARIANA AVE
City-St-Zip: MIAMI, FL 33134

Title: VPSD (X) Change () Addition
Name: MILLAN, HECTOR
Address: 916 MARIANA AVENUE
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA MILLAN

PSTD

04/05/2005

Electronic Signature of Signing Officer or Director

Date