

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90352 018 ***150.00

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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**



☒ CHECK HERE IF MAKING CHANGES OF ADDRESS

2. Principal Place of Business
4135 LAGUNA ST. #E
Suite, Apt. #, etc.
SUITE "E"

3. Mailing Address
4135 LAGUNA ST.
Suite, Apt. #, etc.
SUITE "E"

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

4. FEI Number **65-0813743**

Applied For
Not Applicable

Zip **33146** Country **U.S.A.**

Zip **33146** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLAN, HECTOR
300 ARAGON AVE, STE NO-360 4135 LAGUNA ST - E
MIAMI FL 331846
33146

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 **HECTOR MILLAN**

JAN 10/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
NAME **MILLAN, SARA**
STREET ADDRESS **916 MARIANA AVE**
CITY-ST-ZIP **MIAMI FL 33134**

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

TITLE **P** ☐ Delete
NAME **MILLAN, HECTOR**
STREET ADDRESS **916 MARIANA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **HECTOR MILLAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 10/03

Date

305 774 5749

Daytime Phone #

CR2E034 (10/02)