FILED
Aug 11, 2002 8:00 am
Secretary of State
05-27-2002 90448 021 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019168

1. Entity Name

INT CONFERENCE DIVISION, INC

DO NOT WRITE IN THIS SPACE

41256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 BUSINESS PARKWAY	200 BUSINESS PARKWAY
Suite, Apt. #, etc. SUITE F	Suite, Apt. #, etc. SUITE F
City & State ROYAL PALM BCH FL	City & State ROYAL PALM BCH FL
Zip 33411 Country PALM BCH	Zip 33411 Country PALM BCH

4. FEI Number 65-0829360 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Kirchner

Street Address (P.O. Box Number is Not Acceptable): 1975 E. Sunrise Blvd Suite 757

City: Ft Lauderdal FL Zip: 33304

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: G Mel

Signature, typed or printed name of registered agent and title if applicable. Date. (required if agent is changing)

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

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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	SAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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.

SIGNATURE: G Mel Glenn Melvin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date