

2004 FOR PROFIT CORPORATION ANNUAL REPORT

\$550.00


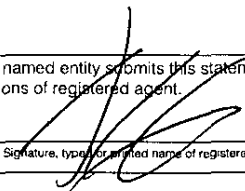
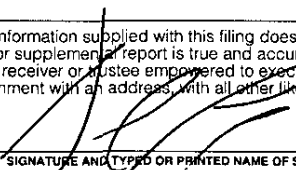
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08022004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000024549			
1. Entity Name INVESTMENT CAPITAL MARKETING, INC.			
Principal Place of Business 1605 MAIN STREET SUITE 1109 SARASOTA, FL 34236		Mailing Address 1605 MAIN STREET SUITE 1109 SARASOTA, FL 34236	
2. Principal Place of Business		3. Mailing Address <i>1441 BRICKELL AVENUE</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>15TH FLOOR</i>	
City & State		City & State <i>MIAMI, FL</i>	
Zip	Country	Zip	Country
		<i>33131</i>	<i>US</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GOLDSMITH, STANLEY A 1605 MAIN STREET STE. 1001 SARASOTA, FL 34236		Name <i>DAVID M. LEVINE, AS RECEIVER</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>FOUR SEASONS TOWER, 15TH FLOOR</i>	
		<i>1441 BRICKELL AVENUE</i>	
		City <i>MIAMI</i>	FL Zip Code <i>33131</i>
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 		DAVID M. LEVINE, as Receiver <i>8/9/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(stating) DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT COYNE, R. KINGSTON <input checked="" type="checkbox"/> Delete 1605 MAIN STREET, SUITE 1105 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DAVID M. LEVINE, AS RECEIVER</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1441 BRICKELL AVENUE, 15TH FLOOR</i> <i>MIAMI, FL 33131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS YORK, C. DOUGLAS <input checked="" type="checkbox"/> Delete 10605 MAIN STREET, SUITE 1105 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>500040429045</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>08/23/04--01066--001 **2200.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DAVID M. LEVINE, as Receiver <i>8/9/04 305/536-1112</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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