2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2004
Secretary of State

DOCUMENT# P98000097960

Entity Name: INTERACTIVE CALL SOLUTIONS, INC.

Current Principal Place of Business:

855 SW 78 AVE
PLANTATION, FL 33324

New Principal Place of Business:

667 OCEAN BLVD.
GOLDEN BEACH, FL 33160

Current Mailing Address:

855 SW 78 AVE
PLANTATION, FL 33324

New Mailing Address:

667 OCEAN BLVD.
GOLDEN BEACH, FL 33160

FEI Number: 65-0893273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARDES, MICHAEL
855 SW 78 AVE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

PARDES, MICHAEL
667 OCEAN BLVD.
GOLDEN BEACH, FL 33160 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: MICHAEL PARDES 10/30/2004
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: D ( ) Delete
Name: PARDES, MICHAEL
Address: 855 SW 78 AVE
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: LIEBOWITZ, TED
Address: 162 E. 64 ST
City-St-Zip: NEW YORK, NY 10021

Title: DST ( ) Delete
Name: MARKOWITZ, HOWARD
Address: 855 SW 78 AVE
City-St-Zip: PLANTATION, FL 33324

Title: D ( ) Delete
Name: BRAFF, NELSON
Address: 162 E. 64 ST.
City-St-Zip: NEW YORK, NY 10021

Title: D ( ) Delete
Name: LIEBOWITZ, SARA
Address: 162 E. 64 ST.
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PARDES, MICHAEL
Address: 667 OCEAN BLVD.
City-St-Zip: GOLDEN BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change ( ) Addition
Name: MARKOWITZ, HOWARD
Address: 667 OCEAN BLVD.
City-St-Zip: GOLDEN BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MICHAEL PARDES PRES 10/30/2004
Electronic Signature of Signing Officer or Director Date