

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000052315****1. Entity Name**
INTERNATIONAL COMMUNICATIONS GROUP CORPORATION**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90169 030 ***150.00

Principal Place of Business1147 EDGWOOD DR. EAST
LAKELAND FL 33803**Mailing Address**4798 S FLORIDA AVE
LAKELAND FL 33813-2181**2. Principal Place of Business****Edgewood**
Suite, Apt. #, etc.**3. Mailing Address****4518 Clements Road**

Suite, Apt. #, etc.

City & State**City & State**
Lakeland, FL**4. FEI Number** **59-3582958****Applied For**
Not Applicable**Zip****Country****Zip****Country****33811****Polk****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**FENTON, BAXTER S**
1147 EDGWOOD DR. EAST
LAKELAND FL 33803**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)**
Edgewood**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
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** **PS** ☐ **Delete**
NAME **FENTON, B S**
STREET ADDRESS **1147 EDGEWOOD DR E**
CITY-ST-ZIP **LAKELAND FL 33803****TITLE** **VT** ☐ **Delete**
NAME **FENTON, JUDY A**
STREET ADDRESS **1147 EDGEWOOD DR E**
CITY-ST-ZIP **LAKELAND FL 33803****TITLE** ☐ **Delete**
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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NAME
STREET ADDRESS
CITY-ST-ZIP**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 Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #**

CR2E034 (10/00)