

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90328 042 ***150.00

DOCUMENT # P99000075555

1. Entity Name
INTERNATIONAL CABLE GUYS INC

Principal Place of Business Mailing Address
1080 BROADWAY AVE. **1080 BROADWAY AVE.**
ORMOND BEACH FL 32174 **ORMOND BEACH FL 32174**

2. Principal Place of Business 3. Mailing Address
1500 Hudson Allen Rd **P.O. Box 353579**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bunnell Florida **Palm Coast FL**
 Zip Country Zip Country
32110 **Florida** **32135-3579** **Florida**

4. FEI Number Applied For
59-3593929 Not Applicable

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

6. Name and Address of Current Registered Agent
DE JESUS BRENES, ENRIQUE
1080 BROADWAY AVE.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent
 Name: **Enrique De Jesus Brenes**
 Street Address (P.O. Box Number is Not Acceptable): **1500 Hudson Allen Rd**
 City: **Bunnell** State: **FL** Zip Code: **32110**

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: *Enrique Brenes* *Enrique Brenes* *4/24/01*
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENES, ENRIQUE	NAME	
STREET ADDRESS	1080 BROADWAY AVE	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Enrique Brenes* *4/24/01* *386)527-6541*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)