2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am 3 Secretary of State DOCUMENT # V69358 1. Entity Name INTERNATIONAL COMMUNICATIONS PRODUCTS, INC. Mailing Address Principal Place of Business 4325 WOODLAND PARK DR 4325 WOODLAND PARK DR SUITE 101 SUITE 101 WEST MELBOURNE FL 32904 WEST MELBOURNE FL 32904 ... 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3151424 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.-Name and Address of Current Registered Agent Name CALDWELL, HENRY S. Street Address (P.O. Box Number is Not Acceptable) 242 RIVER WALK DR **MELBOURNE BEACH FL 32951** Zip Code ٤ FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition ☐ Delete TITLE NAME CALDWELL, HENRY S. NAME STREET ADDRESS STREET ADDRESS 242 RIVER WALK DR CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE D NAME NAME BURR, CHARLES STREET ADDRESS STREET ADDRESS 3806 HIELD RD NW CITY-ST-ZIP CITY-ST-ZIF PALM BAY FL 32907 ☐ Change Addition ☐ Delete TITLE TITI E NAME NAME CALDWELL, PATRICIA STREET ADDRESS STREET ADDRESS 242 RIVER WALK DR CITY-ST-7IP CITY-ST-ZIP MELBOURNE BCH FL 32951 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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

SIGNATURE:

changed, or on an attachment with

SIGNATURE AND TYPED OR FRINTED NAME OF

an address, with all other like empowered

FENRY S, CALDWELL 2/28/02 3217222700 Date Date Phone #