

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000072902

**FILED  
Jan 13, 2014  
Secretary of State  
CC4651653652**

**Entity Name:** INTERNET CONCEPTS UNLIMITED INC.

**Current Principal Place of Business:**

8819 CANOPY OAKS DR  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8819 CANOPY OAKS DR  
JACKSONVILLE, FL 32256 US

**FEI Number:** 20-1114977

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURNETT, STEVEN  
8819 CANOPY OAKS DR  
JACKSONVILLE, FL 32256 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            BURNETT, STEVEN P  
Address        8819 CANOPY OAKS DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            TRES  
Name            BURNETT, KATHRYN H  
Address        8819 CANOPY OAKS DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP  
Name            BURNETT, NICOLE J  
Address        8819 CANOPY OAKS DR  
City-State-Zip: JACKSONVILLE FL 32256

Title            VP  
Name            HOWE, JUSTIN S  
Address        1826 BLUEBIRD CIRCLE  
City-State-Zip: MORRISTOWN TN 37814

*I hereby 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 all other like empowered.*

**SIGNATURE:** STEVEN BURNETT

**PRES**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date