

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003616

1. Entity Name

IQROM COMMUNICATIONS ACQUISITIONS CO.

Principal Place of Business

7635 ASHLEY PARK COURT, SUITE 503-V  
ORLANDO FL 32835

Mailing Address

7635 ASHLEY PARK COURT, SUITE 503-V  
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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	P	<input type="checkbox"/> Delete
NAME	ELEK, THOMAS G	
STREET ADDRESS	LIME TREE HOUSE, ASTHALL	
CITY-ST-ZIP	OXON, ENGLAND OX18 4 HW	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SILOW, MARK L	
STREET ADDRESS	2000 MARKET STREET, 10TH FLOOR	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	D	<input type="checkbox"/> Delete
NAME	FEIT, MICHAEL	
STREET ADDRESS	321 WEST STATE STREET	
CITY-ST-ZIP	TRENTON NJ 08618	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIERSON, GERALD A	
STREET ADDRESS	7361 BORDWINE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYNARD-TAYLOR, ALDERSEY E	
STREET ADDRESS	CROUCHLANDS, KIRDFORD, NR. BILLINGSHURST	
CITY-ST-ZIP	WEST SUSSEX, ENGLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLMARK, COLIN	
STREET ADDRESS	THE COACH HOUSE, PIG BUSH LANE, LOXWOOD	
CITY-ST-ZIP	WEST SUSSEX, ENGLAND	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Silow	
STREET ADDRESS	2123 Race St.	
CITY-ST-ZIP	Philadelphia, PA. 19103	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tracy Taylor	
STREET ADDRESS	11954 French Rd.	
CITY-ST-ZIP	Orlando FL 32837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perske, Graham	
STREET ADDRESS	105 Piccadilly	
CITY-ST-ZIP	London, England W1J 7J	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 #

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90463 001 \*\*\*300.00

02006



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)