



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90266 035 ***150.00

DOCUMENT # L69440					
1. Entity Name AMERICAN MARBACOM COMMUNICATIONS OF TAMPA, INC.					
Principal Place of Business 2212 E 4TH AVE TAMPA, FL 33605 US			Mailing Address PO BOX 22023 TAMPA, FL 33622-2023 US		
2. Principal Place of Business 14241 60th Street N. Suite, Apt. #, etc.		3. Mailing Address 601 Jefferson Davis Hwy. Suite, Apt. #, etc. Suite 201		 04122005 Chg-P CR2E034 (10/03)	
City & State Clearwater, FL		City & State Fredericksburg, VA			
Zip 33760	Country USA	Zip 22401	Country USA	4. FEI Number 59-3008695	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent DRAKEFORD & DRAKEFORD 2212 E 4TH AVE TAMPA, FL 33605				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name: Drakeford & Drakeford, P.A. Street Address (P.O. Box Number is Not Acceptable) 14241 60th Street North City: Clearwater FL Zip Code: 33760					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: Drakeford & Drakeford Signature, typed or printed name of registered agent and use if applicable.				Date: 4-10-05 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABRAM, WILLIAM P.	NAME			
STREET ADDRESS	2212 E 4TH AVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33622023	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			
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NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>William P. Abram</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 4-14-05 Daytime Phone #	