



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90266 035 \*\*\*150.00

<b>DOCUMENT # L69440</b> 1. Entity Name <b>AMERICAN MARBACOM COMMUNICATIONS OF TAMPA, INC.</b>					
Principal Place of Business <b>2212 E 4TH AVE TAMPA, FL 33605 US</b>			Mailing Address <b>PO BOX 22023 TAMPA, FL 33622-2023 US</b>		
2. Principal Place of Business <b>14241 60th Street N.</b> Suite, Apt. #, etc.		3. Mailing Address <b>601 Jefferson Davis Hwy.</b> Suite, Apt. #, etc.			
City & State <b>Clearwater, FL</b>		City & State <b>Fredericksburg, VA</b>		4. FEI Number <b>59-3008695</b>	
Zip <b>33760</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DRAKEFORD &amp; DRAKEFORD 2212 E 4TH AVE TAMPA, FL 33605</b>		7. Name and Address of New Registered Agent Name <b>Drakeford &amp; Drakeford, P.A.</b> Street Address (P.O. Box Number is Not Acceptable)  <b>14241 60th Street North</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33760</b>			
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 <u><b>Drakeford &amp; Drakeford Lisa Pepin - agent</b></u> DATE <u><b>4-10-05</b></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>D</b>	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>ABRAM, WILLIAM P.</b>			NAME 		
STREET ADDRESS <b>2212 E 4TH AVE</b>			STREET ADDRESS 		
CITY-ST-ZIP <b>TAMPA, FL 336222023</b>			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 		
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: <u><b>William P. Abram</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>4-14-05</b></u> Daytime Phone #		