FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000015310 (4)

RAMA COMMUNICATIONS, INC.

FILED May 01 1996 8:00 am Secretary of State

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Principal Place of Business		Mailing Address	Mailing Address				
1801 CLARK ROAD ORLANDO FL 32818		P.O. BOX 1743 WINDERMERE FL 347	P.O. BOX 1743 WINDERMERE FL 34786-1743				
					3. Date Incorporated or Qualified 02/22/1993	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-3192301	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		 -1	City & State		6. Election Campaign Financing	\$5.00 May Be	
[23]		28			Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip	Gountry 30	1	8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s=199.032, ☐ No	
	9. Name and Address of Curre	29 ent Registered Agent	1301		10. Name and Address of New R		
* • • • • • • • • • • • • • • • • • • •			81	Name		-	
MCLEA	N DAVID		80	Ctroot Add	TRIS PERSA	√ > .	
MCLEAN, DAVID 1801 CLARK ROAD			82 Street Ad		ress (P.O. Box Number is Not Acceptab		
ORLANDO FL 32818			83		1801 CLARKE	Rd	
			84	City	O.c.o.e.e	FL 85 Zip Code C/	
11. Pursuant t	a the provisions of Septions 607.050	Pand 607.1508, Florida Statut	es, the above-	named corpo	ration submits this statement for the pur	pose of changing its registered office	
or register familiar wit	ed agent, or both, in the State of Flor to and accept the obligations of Sen	rida\Such change was authorization[607.0505. Florida Statutes	red by the corp	oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appr	bintment as registered agent. I am	
SIGNATURE		Or 507:5005; Yichida Gilaidic.				4/28/96.	
SIGNATURE _	Signature, typed or printed name of registered age:	ni auditite Lappicable (NC	ZTE: Ragistered Age	1 signature require	ed when reinstaling)	DATE	
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE .	PD	☐ DELETE	1. 1 TITLE			Change Addition	
NAME PERSAUD, SABETA			1.2 NAME				
STREET ADDRESS 8236 CONROY WINDERMERE I		re road	1.3 STREET ADDRESS				
CITY-ST-ZIP ORLANDO FL			1.4 CHY-ST-ZIP				
TITLE		☐ DELETE	2 1 TITLE		•	Change Addition	
NAME			22 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		mandar of the same and the same of the sam	2.4 CITY - 3	ST-ZIP			
TITLE		DELETE	3. 1 TITLE			Change Addition	
NAME			3 2 NAME				
STREET ADDRESS			3.3. STHEE	T ADDRESS			
CITY-ST-ZIP		and the same of th	34 CiTY-5	ST-ZIP			
TITLE		DEL ETE	4 1 TITLE			Change Addition	
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS	10000184	10221	
CITY-ST-ZIP	<u></u>		4.4 CITY-	ST-21F	-05 /28/9601 6	199001	
TITLE		DELETE	5. 1 TITLE	1	***1000.00	Change Addition	
NAME			5.2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST - ZIP	····		
THLE		DELFTE	6. 1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-ST-ZIP	<u> </u>	and the second s	6.4 CITY -	SI - ZIP	<u></u>	2100	

14. I do hereby certify that the information supplied with this filing is vertified and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or subplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the deceiver or furustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAM OFFICER OF DIRECTOR

1/28/96

(407) Daytime Phoge # (A)