2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) Apr 10,

DOCUMENT#

P93000050203

1. Entity Name ROMOR VIDEO, INC



FILED Apr 10, 2003 8:00 am Secretary of State

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04-10-2003 90107 016 ***150.00

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Principal Place of Business 1961 TOM-A-TOE RD. BOYNTON BEACH FL 33426 US			1961	Mailing Address 1961 TOM-A-TOE RD. BOYNTON BEACH FL 33426 US								
2. Principal P	lace of Busin	ness	3. Mail	3. Mailing Address				i 1881:1881 FR. 19188 1811: 8061:1 0011)	[#B\$## #	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 65-0295101 Applied For Not Applicable				
Zip	Zip Country		Zip	Zip Cou		try	5.			8.75 Ad	ditional	
6. Name and Address of Current Registered Agent							7.	Name and Address of New Re	gistered A	gent		
							Name					
GOODMAN, ROBERT					Stroot Address ((P.O. Roy Number is Not Accontable)				
1961 TON	1-A-TOE RD		Street Add			ress (P.O.	esś (P.O. Box Number is Not Acceptable)					
BOYNTON BEACH FL 33426							· · ·					
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						City		•	FL	Zip Coc	ie	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								 Election Campaign Final Trust Fund Contribution. 	ncing 🗀		00 May Be d to Fees	
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I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

561-586-3176

Daytime Phone #