

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086402 (0)

1. Corporation Name

VIDEO ROM, INC.

Principal Place of Business

6654 MIDDLESEX PLACE  
NAPLES FL 34104

Mailing Address

6654 MIDDLESEX PLACE  
NAPLES FL 34104-7881

2. Principal Place of Business

21 875 Vanderbilt Beach Rd

Suite, Apt. #, etc.

22 #101

City & State

23 NAPLES, FL

Zip

24 34108

Country

25 USA

26 265

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip

29 30

Country

2a. Mailing Address

26 265

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip

29 30

Country

9. Name and Address of Current Registered Agent

SANGHM, KAUSHIK  
6654 MIDDLESEX PLACE  
NAPLES FL 34104

3. Date Incorporated or Qualified

10/18/1996

3a. Date of Last Report

4. FEI Number

65-0703404

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Trust Fund Contribution

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S 1. Secretary	<input type="checkbox"/> DELETE 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGHM, HINA	1.2 NAME
STREET ADDRESS	6654 MIDDLESEX PLACE	1.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP
TITLE	S 2. President	<input type="checkbox"/> DELETE 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGHM, KAUSHIK	2.2 NAME
STREET ADDRESS	6654 MIDDLESEX PLACE	2.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP
TITLE	S 3. Director	<input type="checkbox"/> DELETE 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	S 4. Director	<input type="checkbox"/> DELETE 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	S 5. Director	<input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	S 6. Director	<input type="checkbox"/> DELETE 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sanghvi (HINA) SANGHVI

3/27/97 (941)591-4498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)