2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000086402 Jan 28, 2000 8:00 am **Secretary of State** VIDEO ROM, INC. 01-28-2000 90131 046 ***150.00 Principal Place of Business Mailing Address 6654 MIDDLESEX PLACE 875 VANDERBILT BEACH RD NAPLES FL 34104-7881 #101 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 9901 I ake lin Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0703404 Fl معك Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired ŨSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANGHVI, KAUSHIK Street Address (P.O. Box Number is Not Acceptable) 6654 MIDDLESEX PLACE NAPLES FL 34104 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. . . . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11." 11 DS ☐ Addition TITLE TITLE ☐ Delete SANGHVI, HINA SANGHVI, HINA NAME 9901 Clear Lake Civ STREET ADDRESS STREET ADDRESS 6654 MIDDLESEX PLACE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Change ☐ Addition ☐ Delete TITI F TITLE SANGHVI, KAUSHIK SANGHVI. KAUSHIK NAME NAME 9901. Clear lake Cu STREET ADDRESS STREET ADDRESS 6654 MIDDLESEX PLACE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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