

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000086402

1. Entity Name
VIDEO ROM, INC.



Principal Place of Business
5628 STRAND BLVD
#B5
NAPLES, FL 34110 US

Mailing Address
5628 STRAND BLVD
#B5
NAPLES, FL 34110 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SANGHVI, HINA
9901 CLEAR LAKE CR
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name *HARRY Phillip Adams-MERCER*

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

3155 66th St. SW

City

NAPLES

FL

Zip Code *34105*

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 *H. A. Adams - merv*

4/28/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE *4/28/05*

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS
NAME SANGHVI, HINA
STREET ADDRESS 9901 CLEAR LAKE CIR
CITY-ST-ZIP NAPLES, FL 34109

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT Change Addition
HARRY Phillip Adams-MERCER
3155 66th St. SW
NAPLES FL 34105

TITLE DP
NAME SANGHVI, KAUSHIK
STREET ADDRESS 9901 CLEAR LAKE CIR
CITY-ST-ZIP NAPLES, FL 34109

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *H. A. Adams - merv.* PRESIDENT *4/28/05* *239-262-4119*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90564 019 ***150.00