

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90314 023 ***150.00

DOCUMENT # P96000086402

1. Entity Name
VIDEO ROM, INC.



Principal Place of Business
5628 STRAND BLVD
NAPLES FL 34110
US

Mailing Address
9901 CLEAR LAKE CIR
NAPLES FL 34109
US



2. Principal Place of Business
5628 STRAND BLVD 1
Suite, Apt. #, etc.
B5

3. Mailing Address
5628 STRAND BLVD
Suite, Apt. #, etc.
B5

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34110

Country
USA

Zip
34110

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0703404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANGHVI, HINA
9901 CLEAR LAKE CIR
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

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

City

FL

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. 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)

1/6/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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SANGHVI, KAUSHIK
9901 CLEAR LAKE CIR
NAPLES FL 34109 ☐ Delete

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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

(239) 573-2245
Daytime Phone #

CR2E034 (10/02)