

DOCUMENT # P98000081000

1. Entity Name
ROM COMMUNICATIONS, INC.

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90019 001 ***150.00

Principal Place of Business Mailing Address
366 EVERGREEN AVENUE 366 EVERGREEN AVENUE
NICEVILLE FL 32578 NICEVILLE FL 32578

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3541933 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PORTAL, CAROL
106 WAKULLA ROAD
ELGIN AFB FL FL325-42

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.

SIGNATURE

Philip J. Williams
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5 JAN 00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

CEO
WILLIAM, NUNTARATA
366 EVERGREEN N AVE
NICEVILLE FL 32578

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

ACEO
WILLIAMS, PHILLIP J
366 EVERGREEN AVE
NICE VILLIE FL 32578

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Delete

PORTAV, CAROL
108 WAKULLA RD
EGLINS FL 32542

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition

ACEO
WILLIAMS, PHILLIP J.
366 EVERGREEN AVE
NICEVILLE, FL 32578

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Philip J. Williams
Signature typed or printed name of signing officer or director

Date

Daytime Phone #

5 JAN 00 850-678-9179

CR2E034 (10/00)