

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010540

Entity Name: NAMS NETWORK, INC.

Current Principal Place of Business:

2820 SELWYN AVENUE
SUITE 694
CHARLOTTE, NC 28209

FILED
Apr 11, 2019
Secretary of State
6156183510CC

Current Mailing Address:

2820 SELWYN AVENUE
SUITE 694
CHARLOTTE, NC 28209 US

FEI Number: 27-3731123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAMMONS, ROBERT O
1556 SIXTH STREET SE
WINTER HAVEN, FL 33880-4509 US

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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SHULER, JON
Address 112 BERRY TREE LANE
City-State-Zip: PAWLEYS ISLAND SC 29585

Title TREASURER
Name JOHNSON, DREW
Address 889 FIELDGATE CIRCLE
City-State-Zip: PAWLEYS ISLAND SC 29585

Title DIRECTOR
Name GORNIK, MARTIN
Address 3380 SUTHERLAND DRIVE
City-State-Zip: LEXINGTON KY 40517

Title DIRECTOR
Name CREIGHTON, RUSTY
Address 2355 LAKESHORE DRIVE NORTH
City-State-Zip: FLEMING ISLAND FL 32003

Title VP
Name COREA, MANIK
Address 14 SUKHMVIT 17 ROAD NORTH
City-State-Zip: BANGKOK 10110

Title DIRECTOR
Name WISEDJLNDA, PIRIYAH
Address 120 PLUS CITY PARK VILLAGE,
SUKHUMVIT 101/1
City-State-Zip: BANGKOK 10260

Title DIRECTOR
Name ONG, GEORGIE
Address 4 PORTCHESTER AVENUE
City-State-Zip: SINGAPORE 556290

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON SHULER

PRESIDENT

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date