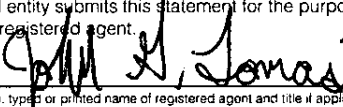
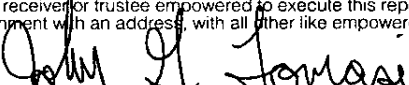


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90023 003 ***150.00

DOCUMENT # P98000041486 1. Entity Name RECORD TRANSCRIPTS INC.			
Principal Place of Business 501 W. KENNEDY BLVD. SUITE 1275 TAMPA FL 33602 US		Mailing Address 501 W. KENNEDY BLVD. SUITE 1275 TAMPA FL 33602 US	
2. Principal Place of Business 501 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 1230 City & State Tampa, FL 33602 Zip 33602 Country U.S.		3. Mailing Address 501 E. Kennedy Blvd. Suite, Apt. #, etc. Suite 1230 City & State Tampa, FL Zip 33602 Country U.S.	
			
		MOORE CR2E034 (11/03)	
		4. FEI Number 65-0853266	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOMASI, JOHN G 501 E. KENNEDY BLVD. SUITE 1225 TAMPA FL 33602		7. Name and Address of New Registered Agent Name John G. Tomasi Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Blvd. Suite 1230 City Tampa FL Zip Code 33602	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete NAME TUCKER, DAVID W STREET ADDRESS 2829 AGRICOLA STREET CITY-ST-ZIP HALIFAX, NOVA SCOTIA B3K -4E5		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DP ☐ Delete NAME SULLIVAN, DAVID M STREET ADDRESS 2829 AGRICOLA ST CITY-ST-ZIP HALIFAX, NS b3k- 455		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DS ☐ Delete NAME RAFUSE, RICHARD N STREET ADDRESS 1600-5151 GEORGE ST CITY-ST-ZIP HALIFAX, NS b3j- 1m5		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V ☐ Delete NAME TOMASI, JOHN G STREET ADDRESS 5510 LINDBURG STREET CITY-ST-ZIP RIVERVIEW FL 33569		TITLE ☒ Change ☐ Addition NAME John G. Tomasi STREET ADDRESS 2717 Seville Blvd #6304 CITY-ST-ZIP Clearwater, FL 33764	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 		2/2/04 (813)276-8209 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			