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.

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
501 W. KENNEDY BLVD. SUITE 1275 TAMPA FL 33602 US	501 W. KENNEDY BLVD. SUITE 1275 TAMPA FL 33602 US

2. Principal Place of Business	3. Mailing Address
501 E. Kennedy Blvd.	501 E. Kennedy Blvd.
Suite, Apt. #, etc. Suite 1230	Suite, Apt. #, etc. Suite 1230
City & State Tampa, FL 33602	City & State Tampa, FL
Zip 33602 Country U.S.	Zip 33602 Country U.S.

4. FEI Number 65-0853266 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOMASI, JOHN G 501 E. KENNEDY BLVD. SUITE 1225 TAMPA FL 33602	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 John G. Tomasi
Signature, typed or printed name of registered agent and title if applicable. (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 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	D TUCKER, DAVID W 2829 AGRICOLA STREET HALIFAX, NOVA SCOTIA B3K -4E5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SULLIVAN, DAVID M 2829 AGRICOLA ST HALIFAX, NS b3k- 455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RAFUSE, RICHARD N 1600-5151 GEORGE ST HALIFAX, NS b3j- 1m5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TOMASI, JOHN G 5510 LINDBURG STREET RIVERVIEW FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V John G. Tomasi 2717 Seville Blvd #6304 Clearwater, FL 33764 ☒ 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		☐ 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: John G. Tomasi 2/2/04 (813)276-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #