2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000041486

Entity Name: RECORD TRANSCRIPTS INC.

RIVERVIEW, FL 33569

City-St-Zip:

FILED Apr 16, 2003 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---|----------------------------------|---|---|--|
| 501 W. KE SUITE 122 TAMPA, F | | | 501 W. KENNEDY B SUITE 1275 TAMPA, FL 33602 | LVD. US | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| 501 W. KENNEDY BLVD. | | | 501 W. KENNEDY B | 501 W. KENNEDY BLVD. | |
| SUITE 122 TAMPA, F | | 6 | SUITE 1275 TAMPA, FL 33602 | US | |
| FEI Number | : 65-0853266 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| SUITE 122 | NNEDY BLVD. | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electror | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | TUCKER, DAVI 2829 AGRICOL | | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | DP (SULLIVAN, DA' 2829 AGRICOL HALIFAX, NS, | .A ST | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | DS (RAFUSE, RICH 1600-5151 GE HALIFAX, NS, | ORGE ST | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: | V (TOMASI, JOHN 5510 LINDBUR | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOHN TOMASI V 04/16/2003