

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 688753**1. Entity Name  
TAMPA BAY TRANSCRIPTIONS, INC.

Principal Place of Business	Mailing Address
4175 EAST BAY DR	4175 EAST BAY DR
SUITE 145	SUITE 145
CLEARWATER FL	CLEARWATER FL
33764	33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2037659**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FREEDMAN ARNOLD**  
4175 EAST BAY DR  
SUITE 145  
CLEARWATER FL  
33764**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 \_\_\_\_\_ **03/20/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>FREEDMAN ARNOLD</b>	
STREET ADDRESS	<b>4175 EAST BAY DR #145</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete
NAME	<b>YOUNG KAREN</b>	
STREET ADDRESS	<b>1480 GULF BLVD SUITE 509</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>FREEDMAN KERRY</b>	
STREET ADDRESS	<b>1590 HAVANA DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FREEDMAN KERRY</b>	
STREET ADDRESS	<b>703 SHADY LANE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ARNOLD FREEDMAN**

P

**03/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)