SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90014 021 ****61.25

DOCUMENT # F95000004932

1. Corporation Name
RECORDING FOR THE BLIND AND DYSLEXIC, INCORPORATED

Principal Place of Business	Mailing Address
20 ROSZEL RD PRINCETON NJ 08540	20 ROSZEL RD PRINCETON NJ 08540

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/09/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1659345 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCARTHY, CHRISTINE S 6704 SW 80TH ST MIAMI FL 33143	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE	CP	☐ Change ☐ Addition
NAME	GEISEL, RITCHIE L		1.2 NAME	Scribner, Richard O.	
STREET ADDRESS	20 ROSZEL RD		1.3 STREET ADDRESS	20 Roszel Road	
CITY-ST-ZIP	PRINCETON NJ 08540		1.4 CITY-ST-ZIP	Princeton, NJ. 08540	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRAMBLE, VERNON A		2.2 NAME		
STREET ADDRESS	20 ROSZEL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ 08540		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHURCHILL, JOHN		3.2 NAME		
STREET ADDRESS	20 ROSZEL RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ 08540		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MANING, DONNA		4.2 NAME		
STREET ADDRESS	115 E 67TH STREET - APT 6C		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WASSERMAN, BERT		5.2 NAME		
STREET ADDRESS	126 EAST 56TH STREET - SUITE 12 NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10022-3613		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, CHIP		6.2 NAME		
STREET ADDRESS	BLUE CAPITAL, 5 LYONS MALL, SUITE 700		6.3 STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE NJ 07920		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 7/7/99 — 609-520-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)