2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
01-29-2001 90130 018 ****61.25

DOCUMENT # F95000004932

1. Entity Name

RECORDING FOR THE BLIND AND DYSLEXIC, INCORPORAT

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-1659345 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARTHY, CHRISTINE S
6704 SW 80TH ST
MIAMI FL 33143

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP SCRIBNER, RICHARD O 20 ROSZEL RD PRINCETON NJ 08540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRAMBLE, VERNON A 20 ROSZEL RD PRINCETON NJ 08540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHURCHILL, JOHN 20 ROSZEL RD PRINCETON NJ 08540	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MANING, DONNA 115 E 67TH STREET - APT 6C NEW YORK NY 10021	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HELWIG,JAMES T 3 LANDFALL LANE PRINCETON NJ 08540 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WASSERMAN, BERT 126 EAST 56TH STREET - SUITE 12 NORTH NEW YORK NY 10022-3613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUGHES, CHIP BLUE CAPITAL, 5 LYONS MALL, SUITE 700 BASKING RIDGE NJ 07920	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRAINOR, THOMAS W 143 GRANGE AVENUE FAIR HAVEN NJ 07704 ☒ Change ☐ Addition

CR2E037 (10/00)

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 617, 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: SIGNATURE REQUIRED Vernon A. Bramble 1/9/01 (609)520-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #