

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000036950

FILED
Mar 07, 2009
Secretary of State**Entity Name:** MONSTER TRANSCRIPTION, LLC**Current Principal Place of Business:**321 MONTEGO COURT
WINTER HAVEN, FL 33884**New Principal Place of Business:****Current Mailing Address:**321 MONTEGO COURT
WINTER HAVEN, FL 33884**New Mailing Address:****FEI Number:** 14-1998612**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CURRIER, STEVEN M
321 MONTEGO COURT
WINTER HAVEN, FL 33884 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: CURRIER, STEVEN M
Address: 321 MONTEGO COURT
City-St-Zip: WINTER HAVEN, FL 33884 US**Title:** MGRM (X) Delete
Name: ABDELDAYEM, WALEED
Address: 25 AHMED FAHEEM STREET, 7TH DIST. APPT #6
City-St-Zip: NASR CITY, CAIRO, EG 11371 EG**Title:** MGRM (X) Delete
Name: MAGDY, MOHAMMED
Address: 66 AL-ZAHRAA BUILDINGS 10TH DIST. APPT #16
City-St-Zip: NASR CITY, CAIRO, EG 11371 EG**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEVEN M CURRIER

PRES

03/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date