2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 11, 2002 8:00 am Secretary of State L33319 DOCUMENT # 1. Entity Name 03-11-2002 90088 038 ***150.00 AMERICAN TRANSCRIBING SERVICE, INC. Principal Place of Business Mailing Address 3721 N. PARK RO. P.O. ROX 813877 HOLLYWOOD FL 33081 HOLLYWOOD FL 33021 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0174040 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 5. Name and Address of Current Registered Agent YOUNG, BERNARD. R. E Street Address (P.O. Box Number is Not Acceptable) 241 SEVILLA AVENUE, STE 100 **CORAL GABLES FL 33134** City Zip Code 1 m 1 3 to 1 1 10 6. 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 algorithm required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, CR2E034 (9/01) IIILE ☐ Delete TIRE BAST, TERRY D. NAME NAME STREET ADDRESS 3721 N. PARK RD. STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition ПΠЕ TITLE BAST, TERRY D NAME NAME 3721 N. PARK RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Change Addition TITLE Defete BAST, PAUL S NAME NAME STREET ADDRESS 3721 N. PARK RD. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP Addition ☐ Change TITLE ☐ Defete TITLE STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED



FLORIDA DEPARTMENT OF STATE

420267

Katherine Harris Secretary of State

January 31, 2002

AMERICAN TRANSCRIBING SERVICE, INC. P.O. BOX 813877 HOLLYWOOD, FL 33081 US

Subject: AMERICAN TRANSCRIBING SERVICE, INC.

Reference Number: L33319

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg ANNUAL REPORTS SECTION