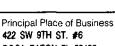
## **FILED**

04-14-2003 90950 002 \*\*\*150.00

P00000021669

1. Entity Name

PEDIA-SPEECH, INC.



422 SW 9TH ST. #6 BOCA RATON FL 33432		422 SW 9TH ST. #6 BOCA RATON FL 33432					
2. Principal P Suite, Apt.	lace of Business  8 Pinc Crest Cir. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	ecreot (	7	CHECK HERE IF		<b>2</b> 101 <b>0 18</b> 10 1 <b>88</b> 1
300a Rator Boca Rator			1		Et Number <b>65-0988635</b>	<u> </u>	oplied For
3,340	3 Country O.S.A	33433	Country	5. (	Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Reg	jistered Agent	
	LISON TH ST. #6 FON FL 33432	Name Allison Katlin Street Address (P.O. Box Number is Not Acceptable)  5668 Pinecreot Cir					
			1300	a R	aton	FL   ZIBLOG	<b>\$433</b>
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent an	Kath	egistered office or r			da. I am familiar with,  A-3-0,	
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State			والمنت الداملية المنتاب المنتا		Election Campaign Finar     Trust Fund Contribution.	J	May Be d to Fees
10.	OFFICERS AND D	IRECTORS	11.	AD	DITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVIN, ALLISON 422 SW 9TH STREET #6 BOCA RATON FL 33432	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kath Seb8 Boca	n. Allison PinecreotCir Paton. FL33	₹ <sup>Change</sup>	☐ Addition   §
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE  NAME STREET ADDRESS  CITY-ST-ZIP	र विकास अमेरी क्षा का उन्हें हैं।	☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	s in the	The second of th	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	THLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
12. I hereby o	ertify that the information supplied with the	nis filing does not qualify for th	ne exemption state	d in Section	119.07(3)(i), Florida Statutes. 1 fu	irther certify that the ir	nformation

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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, 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.