

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90950 002 ***150.00

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DOCUMENT # P00000021669

1. Entity Name
PEDIA-SPEECH, INC.



Principal Place of Business
422 SW 9TH ST. #6
BOCA RATON FL 33432

Mailing Address
422 SW 9TH ST. #6
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

5668 Pinecrest Cir Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton

City & State
Boca Raton

4. FEI Number 65-0988635

Applied For
Not Applicable

Zip
33433

Country
USA

Zip
33433

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, ALLISON
422 SW 9TH ST. #6
BOCA RATON FL 33432

Name Allison Katlin

Street Address (P.O. Box Number is Not Acceptable)

5668 Pinecrest Cir
Boca Raton FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Allison Katlin

4-3-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LEVIN, ALLISON
STREET ADDRESS 422 SW 9TH STREET #6
CITY-ST-ZIP BOCA RATON FL 33432

TITLE P
NAME Katlin, Allison
STREET ADDRESS 5668 Pinecrest Cir
CITY-ST-ZIP Boca Raton, FL 33433

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CITY-ST-ZIP

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 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.

SIGNATURE:

ALLISON KATLIN Allison Katlin

Date

4-3-03

Daytime Phone #

561-702-6141

CR2E034 (10/02)