


# 2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90748-042-\$150.00-\$150.00

0043038 AV

**DOCUMENT #** P02000002648

1. Entity Name  
I HEARD YOUR CRY, INC.



FILED

03 JUN 16 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O ROBERT A. MCNEELY  
215 S. MONROE ST., STE. 600  
TALLAHASSEE FL 32301

Mailing Address  
C/O ROBERT A. MCNEELY  
215 S. MONROE ST., STE. 600  
TALLAHASSEE FL 32301

2. Principal Place of Business  
C/O Robert A. McNeely  
305 S. Gadsden St.  
Tallahassee, FL  
32301 U.S.A.

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

☒ CHECK HERE IF MAKING CHANGES

Applying for

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
MCNEELY, ROBERT A ESQ.  
MCFARLAIN & CASSEDY, P.A.  
215 S. MONROE ST., STE. 600  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
Name: Robert A. McNeely, Esq.  
Street Address (P.O. Box Number is Not Applicable): 305 S. Gadsden Street  
City: Tallahassee FL Zip: 32301

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: *Robert A. McNeely* DATE: 4-30-03

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, CASSANDRA 863 E. PARK AVE. TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEBOEUF, DEAN 863 E. PARK AVE. TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, MATTHEW K 863 E. PARK AVE. TALLAHASSEE FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other like empowered.

SIGNATURE: *Matthew K. Foster* 5/1/03 850-222-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)