

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 16, 2008 08:00 AT
Secretary of State**

DOCUMENT # P03000150991	
1. Entity Name LEGAL TRANSCRIPT LIBRARY, INC.	

Principal Place of Business 11859 GRANDVIEW DRIVE PARRISH, FL 34219	Mailing Address 11859 GRANDVIEW DRIVE PARRISH, FL 34219
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DO NOT WRITE IN THIS SPACE

01032008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3454130	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLPOV, MARVIN R
11859 GRANDVIEW DRIVE
PARRISH, FL 34219

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IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U0000008899107
04/28/08-80026-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOLPOV, MARVIN R
STREET ADDRESS	11859 GRANDVIEW DRIVE
CITY-ST-ZIP	PARRISH, FL 34219

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN R. WOLPOV 4/15/08

941 776-8600

Date

Daytime Phone #