## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P08000092476

FILED Sep 30, 2009 Secretary of State

Entity Name: UNIVERSAL COURT REPORTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 888 EAST LAS OLAS BOULEVARD SUITE 508 FORT LAUDERDALE, FL 33301 **New Mailing Address: Current Mailing Address:** 888 EAST LAS OLAS BOULEVARD SUITE 508 FORT LAUDERDALE, FL 33301 FEI Number: 26-3522685 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEINSTEIN, MICHAEL L PA 888 LAS OLAS BOULEVARD SUITE 700 FORT LAUDERDALE, FL 33301 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition KING, JAMES P Name: Name: 888 LAS OLAS BOULEVARD, STE. 508 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: P, D Title: ( ) Delete () Change () Addition Name: WELCH, DAVID A Name: 888 LAS OLAS BOULEVARD, STE. 508 Address: Address: FORT LAUDERDALE, FL 33301 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete D. S (X) Change ( ) Addition KING, JAMES P KING, JAMES P Name: Name: 888 LAS OLAS BOULEVARD, STE, 508 888 LAS OLAS BOULEVARD, STE, 508 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301 Title: CFOD () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES P. KING CEO 09/30/2009

SCHLUBACH-CASACCI, ANNETTE

888 EAST LAS OLAS BOULEVARD

FORT LAUDERDALE, FL 33301

Name:

Address:

City-St-Zip: