2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000058230** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** ABRA-CA-DABRA DIGITAL TRANSCRIPTION, INC. 03-02-2000 90119 012 ***150.00 Mailing Address Principal Place of Business 1307 WILLOW SPRINGS COURT 1307 WILLOW SPRINGS COURT LONGWOOD FL 32750-2850 LONGWOOD FL 32750 " 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3335690 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HODGES, GEORGE E.A. Street Address (P.O. Box Number is Not Acceptable) 435 EAST SR 434, STE 300 LONGWOOD FL 32750 Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition □ Delete TITLE BRADFORD, ELISA J. NAME NAME STREET ADDRESS STREET ADDRESS 1307 WILLOW SPRINGS CT CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition · Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME

13. Thereby 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 11 or Block 12 if changed, or on an attack of the chapter 607, and that my name appears in Block 11 or Block 12 if changed, or on an attack of the chapter 607, and that my name appears in Block 11 or Block 12 if changed, or on an attack of the chapter 607, and that my name appears in Block 11 or Block 12 if changed, or on an attack of the chapter 607, and the chapter 607 is the chapter 607.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP