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May 13, 2000 8:00 am
Secretary of State

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DOCUMENT # P96000033823			
1. Entity Name WTLP TRANSCRIPTION, INC.			
Principal Place of Business 7010 NW 25TH ST SUNRISE FL 33313		Mailing Address 7010 NW 25TH ST SUNRISE FL 33313-2008	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
WADE, KIMBERLY 7010 NW 25TH ST SUNRISE FL 33313			Name
			Street Address
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	DPST	<input type="checkbox"/> Delete	
NAME	WADE, KIMBERLY		
STREET ADDRESS	7010 NW 25TH ST		
CITY-ST-ZIP	SUNRISE FL 33313		
TITLE		<input type="checkbox"/> Delete	
NAME			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.2 of the Florida Statutes, Chapter 607, F.S., which provides that a corporation or receiver or trustee empowered to execute this report as required by Chapter 607, F.S., may be exempted from the filing of this report if the corporation or receiver or trustee is not a corporation or receiver or trustee which has been changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: X <i>Kimberly Wade</i> KIMBERLY WADE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			