

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90122 008 ***150.00

DOCUMENT # P97000052595



1. Entity Name
M & M TRANSCRIPTION, INC.

Principal Place of Business
**5120 ELPINE WAY
WEST PALM BEACH FL 33418
US**

Mailing Address
**5120 ELPINE WAY
WEST PALM BEACH FL 33418
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0760057**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONLON, ROBERT M
1645 PALM BEACH LAKES BLVD.
SUITE 800
WEST PALM BEACH FL 33401**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ 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
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	P	<input type="checkbox"/> Delete
NAME	MCADAMS, MICHELLE <i>McAdams Wilson</i>	
STREET ADDRESS	5120 ELPINE WAY	
CITY-ST-ZIP	PALM BCH GDNS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 any attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Wilson* **2/20/03** **561-848-2131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV 7707600
CR2E034 (10/02)

Attachment

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

10029643 / P97000052545

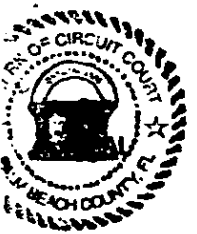
Sep-06-2001 07:19am 01-383690
ORB 12877 Pg 1966
DOROTHY H. WILKEN, CLERK PB COUNTY, FL
I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECORD

2001-000993 N
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) TIMOTHY BROOKE WILSON			2. DATE OF BIRTH (Month, Day, Year) JUL 18 1969	
3a. RESIDENCE - CITY, TOWN, OR LOCATION PALM BCH GRDNS	3b. COUNTY PALM BEACH	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NJ	
5a. BRIDE'S NAME (First, Middle, Last) MICHELLE LYNN MCADAMS		5b. MAIDEN SURNAME (if different) MCADAMS	6. DATE OF BIRTH (Month, Day, Year) JUN 27 1967	
7a. RESIDENCE - CITY, TOWN, OR LOCATION PALM BCH GRDNS	7b. COUNTY PALM BEACH	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) FL	

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.



9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Timothy Brooke Wilson</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 10 2001
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Ma Blair</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Michelle Lynn McAdams</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) AUG 10 2001
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Ma Blair</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PALM BEACH	18. DATE LICENSE ISSUED AUG 10 2001	19a. DATE LICENSE EFFECTIVE AUG 13 2001	19. EXPIRATION DATE OCT 09 2001
20a. SIGNATURE OF SOLE CLERK OR JUDGE <i>D. Wilken</i>		20b. TITLE CLERK OF THE CIRCUIT	20c. BY D.C. TB

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 8-25-01	22. CITY, TOWN, OR LOCATION OF MARRIAGE Palm Beach, Florida 33480		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Lenith Mahan</i>		23c. ADDRESS (Of person performing ceremony) 2175 ALLEN CREEK, WEST PALM BEACH, FL 33411	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) VICE-PRESIDENT FOR RELIGIOUS LIFE PALM BEACH ATLANTIC COLLEGE		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Christine</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Deborah Casoria</i>	

SEAL



PALM BEACH COUNTY, STATE OF FLORIDA

I hereby certify that the foregoing is a true copy