2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000106060

1. Entity Name
INTERNATIONAL GUILD OF VERBATIM REPORTERS, INC.

Principal Place of Business	Mailing Address
1429 SE 13 STREET DEERFIELD BEACH, FL 33441	SUITE 3400-ONE BISCAYNE TOWER TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131-1897

DO NOT WRITE IN THIS SPACE

01232004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0834325
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
SUITE 3400-ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD
MIAMI, FL 33131-1897

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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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CZERENDA, RANDALL A
STREET ADDRESS	1429 SE 13TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	WENCLAWSKI, JOHN
STREET ADDRESS	1500 BISCHOP COURT
CITY-ST-ZIP	MT. PROSPECT, IL 60056
TITLE	DS
NAME	CZERENDA, A. JUDITH
STREET ADDRESS	1429 SE 13TH STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	MEDICI, WAGNER
STREET ADDRESS	AVENIDA PAULISTA 1471 SALAS 1 412/1 415
CITY-ST-ZIP	ANDAR14 SAOPAULO SPCEPBRASIL, 01311927
TITLE	D
NAME	BESS, THOMAS
STREET ADDRESS	99 BATTERY PLACE APT 18E
CITY-ST-ZIP	NEW YORK, NY 10280
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000106304
04/08/04-80010-008 150.00

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

SIGNATURE: RANDALL CZERENDA Mar 24 2004 954-725-5487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #