

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000106060**

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



Principal Place of Business  
**1429 SE 13 STREET  
DEERFIELD BEACH, FL 33441**

Mailing Address  
**SUITE 3400-ONE BISCAYNE TOWER  
TWO SOUTH BISCAYNE BLVD  
MIAMI, FL 33131-1897**



02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**GY CORPORATE SERVICES, INC  
TWO SOUTH BISCAYNE BLVD STE 3400  
MIAMI, FL 33131-1897**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U00000928840  
05/21/08-80045-006 150.00**

**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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/08

Date

954-725-5487

Daytime Phone #