

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


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90136 027 ***150.00

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DOCUMENT # P97000109207

1. Entity Name
DICTATION EAST INC.



Principal Place of Business
1399 KILLIAN DRIVE NORTH STE 4
LAKE PARK FL 33403

Mailing Address
1399 KILLIAN DRIVE NORTH STE 4
LAKE PARK FL 33403

11029774



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1015 Island Shores Dr. 6742 Forest Hill Blvd
Suite, Apt. #, etc. #115

3. Mailing Address
1015 Island Shores Dr. 6742 Forest Hill Blvd
Suite, Apt. #, etc. #115

City & State W. Palm Beach FL City & State W. Palm Beach FL

Zip 33413 Country USA Zip 33413 Country USA

4. FEI Number 65-0803258

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PHILLIPS, CYNTHIA
1399 KILLIAN DRIVE NORTH STE 4
LAKE PARK FL 33403

7. Name and Address of New Registered Agent

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 *Cynthia A. Phillips* DATE 4/25/03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS PHILLIPS, CYNTHIA 1399 KILLIAN DRIVE NORTH STE 4 LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Cynthia A. Phillips* DATE 4/25/03 DAYTIME PHONE # 561-432-8192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)