DOCUMENT # P98000106628

1. Entity Name

HOMETOWN TRANSCRIPTIONS, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90071 034 ***150.00

Principal Place of Business	Mailing Address
909 CRESTVIEW CIRCLE WESTON FL 33327	909 CRESTVIEW CIRCLE WESTON FL 33327

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0886113 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GERO, THOMAS A~~
~~300 S. PINE ISLAND ROAD STE. 227~~
~~PLANTATION FL 33324~~

7. Name and Address of New Registered Agent

Name: DONNA McCONNELL
Street Address (P.O. Box Number is Not Acceptable): 921 CRESTVIEW CIRCLE
City: WESTON FL Zip Code: 33327

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.

SIGNATURE: Donna McConnell — 1/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIEFERT, MARY F 909 CRESTVIEW CIRCLE WESTON FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Frances Siefert — 1/3/01 — 954-217-9508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #