2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # V24838 1. Entity Name SELECT COURT REPORTERS, INC.

Principal Place of Business

917 CYPRESSWOOD CT WINTER SPRINGS, FL 32708 Mailing Address

P.O. BOX # 560436

ORLANDO, FL 32856 US

FILED Jan 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01102007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3120887 Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, SUSAN M 917 CYPRESSWOOD CT WINTER SPRINGS, FL 32708

DO NOT WRITE IN THIS SPACE

 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 100000000000000000000000000000000000						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		900000584537 01/12/07-80040-021	150.00	
THE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP KATZ, SUSAN 917 CYPRESSWOOD CT WINTER SPRINGS, FL 32708	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADORESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chanter 119. Florida Statutes, I further certify that the information						

indicated on this report or suppliemental 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

SIGNATURE: