

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

<b>DOCUMENT # P98000050951</b> 1. Entity Name <b>TREMONT/STAPP MUSIC, INC.</b>		
Principal Place of Business 15 SOUTH ORANGE AVENUE ORLANDO, FL 32801		Mailing Address 15 SOUTH ORANGE AVENUE ORLANDO, FL 32801
2. Principal Place of Business 2813 S. Hawthorne Suite, Apt. #, etc. Suite 304	3. Mailing Address 2813 S. Hawthorne Suite, Apt. #, etc. Suite 304	 CHECK HERE IF MAKING CHANGES <input checked="" type="checkbox"/>
City & State Orlando FL	City & State Orlando FL	
Zip 32835	Country USA	
4. FEI Number <b>59-3523595</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent MCNEELY, ROBERT A ESQ MCFARLAIN, WILEY, CASSEDY & JONES, P.A. 216 S. MONROE ST., STE. 600 TALLAHASSEE, FL 32301		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting)</small>		
FILE NOW!!! FEE IS \$150.00 After May 13, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TREMONTI, MARK P.O. BOX 20346 (NA) TALLAHASSEE, FL 32316	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAPP, SCOTT P.O. BOX 20346 (NA) TALLAHASSEE, FL 32316	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO WHITFIELD, GARRY 16 S ORANGE AVE ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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CFR2034 (10/02)