2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N04000010398

Entity Name: STUDIO PERCUSSION, INC.

Current Principal Place of Business:

519 NW 10TH AVE SUITE E
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1123
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 20-1869117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGSTAFF, TOBIN
1415 N.E. 7TH STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	WAGSTAFF, TOBIN	
Address:	1415 N.E. 7TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	( ) Delete
Name:	WAGSTAFF, JILL	
Address:	1415 N.E. 7TH STREET	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	D	(X) Delete
Name:	MORRISON, RICH	
Address:	7825 S.W. 13TH ROAD	
City-St-Zip:	GAINESVILLE, FL 32607	
Title:	D	( ) Delete
Name:	FRANK, ERICSON	
Address:	3436 NW 17TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	D	( ) Delete
Name:	CUNNINGHAM, JEAN	
Address:	17802 NE 21ST STREET	
City-St-Zip:	GAINESVILLE, FL 32609	
Title:	D	( ) Delete
Name:	PLANK, TRACY	
Address:	3880 NW 23RD TERRACE #302	
City-St-Zip:	GAINESVILLE, FL 32605	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBIN WAGSTAFF ED 01/12/2007

Electronic Signature of Signing Officer or Director — Date