

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90729 050 ***150.00

DOCUMENT # P00000108667

1. Entity Name

CREED MUSIC, INC.



Principal Place of Business

2813 S HILANASSEE RD
SUITE 304
ORLANDO FL 32835

Mailing Address

C/O TEMP CFO, INC
1261 LINCOLN AVENUE, SUITE 216
SAN JOSE CA 95125

2. Principal Place of Business

3. Mailing Address

2813 S. HILANASSEE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

304

City & State

City & State

ORLANDO, FLA

Zip

Country

Zip

Country

32835

ORANGE

4. FEI Number

59-3679786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNEELY, ROBERT A
215 SOUTH MONROE ST., #600
TALLAHASSEE FL 32301

Name

GARRY WHITFIELD

Street Address (P.O. Box Number is Not Acceptable)

2813 S. HILANASSEE RD

Suite 304

City

Orlando

FL

Zip Code

32835

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME STAPP, SCOTT
STREET ADDRESS 15 SOUTH ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 2813 S. HILANASSEE RD, Ste 304
CITY-ST-ZIP ORLANDO, FL 32835

TITLE D ☐ Delete
NAME TREMONTI, MARK
STREET ADDRESS 15 SOUTH ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D ☐ Delete
NAME PHILLIPS, SCOTT
STREET ADDRESS 15 SOUTH ORANGE AVE.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE CFO ☐ Delete
NAME WHITFIELD, GARRY D
STREET ADDRESS 15 SOUTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04

Date

407 344 2572

Daytime Phone #