


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90729 032 ***150.00

DOCUMENT # P02000100882
 1. Entity Name
 SUBMURSED RECORDING, INC.



Principal Place of Business Mailing Address
 2813 S. HIAWASSEE RD 2813 S. HIAWASSEE RD
 STE 304 STE 304
 ORLANDO FL 32835 ORLANDO FL 32835

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

4. FEI Number 03-0473266 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MCNEELY, ROBERT A ESQ
 MCFARLAIN & CASSEDY PA
 305 SOUTH GADSDEN STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name GARY WHITFIELD
 Street Address (P.O. Box Number is Not Acceptable)
 2813 S. Hiawassee Rd Ste 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]* DATE 4/27/04
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input type="checkbox"/> Delete
NAME	CARPENTER, DONALD
STREET ADDRESS	9141 STATE ROAD 535
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	D <input type="checkbox"/> Delete
NAME	FRIEDMAN, ERIC
STREET ADDRESS	9141 STATE ROAD 535
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	D <input type="checkbox"/> Delete
NAME	LUKER, KELAN
STREET ADDRESS	9141 STATE ROAD 535
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HISSEM, JOSH
STREET ADDRESS	9141 STATE ROAD 535
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, TIMOTHY JAY
STREET ADDRESS	9141 STATE ROAD 535
CITY-ST-ZIP	ORLANDO FL 32836
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *[Signature]* DATE: 4/27/04 DAYTIME PHONE #: 407 294 2572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #