
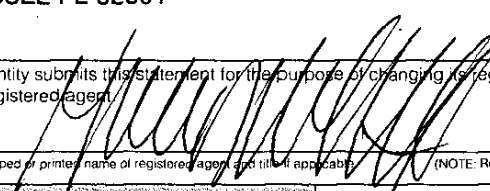
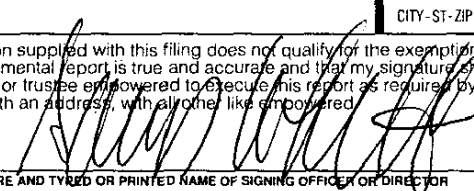


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 2813 S. HIAWASSEE RD STE 304 ORLANDO FL 32835			Mailing Address 2813 S. HIAWASSEE RD STE 304 ORLANDO FL 32835		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0473266	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 WHITPLEW Street Address (P.O. Box Number is Not Acceptable) 2813 S. Hiawasse 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  (NOTE: Registered Agent signature required when reinstating) DATE 4/27/04					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARPENTER, DONALD	NAME			
STREET ADDRESS	9141 STATE ROAD 535	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRIEDMAN, ERIC	NAME			
STREET ADDRESS	9141 STATE ROAD 535	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKER, KELAN	NAME			
STREET ADDRESS	9141 STATE ROAD 535	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HISSEM, JOSH	NAME			
STREET ADDRESS	9141 STATE ROAD 535	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, TIMOTHY JAY	NAME			
STREET ADDRESS	9141 STATE ROAD 535	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:  DATE 4/27/04 DAYTIME PHONE # 407 294 2572					