

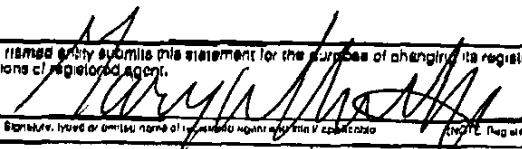
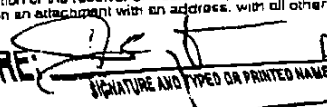
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08/04/2005 10:15 FAX 4083959540

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90107 044 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P02000100882</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                    |  |
| 1. Entity Name<br><b>SUBMURSED RECORDING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                     |  |
| Principal Place of Business<br><b>2813 S. HIAWASSEE RD<br/>STE 304<br/>ORLANDO, FL 32835</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Mailing Address<br><b>2813 S. HIAWASSEE RD<br/>STE 304<br/>ORLANDO, FL 32835</b>                                                                                                                                    |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 3. Mailing Address                                                                                                                                                                                                  |  |
| Build, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Build, Apt. #, etc.                                                                                                                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | City & State                                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Zip                                                                                                                                                                                                                 |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country                                                                                                                                                                                                             |  |
| 4. FEI Number<br><b>03-0473286</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                              |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | \$8.75 Additional Fee Required                                                                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>WHITFIELD, GARRY<br/>2813 S. HIAWASSEE RD. STE 309<br/>ORLANDO, FL 32835</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 7. Name and Address of New Registered Agent<br>Name <b>Garry Whitfield, CPA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2813 S. Hiawasse Rd, Ste 201</b><br>City <b>Orlando</b> FL <b>32835</b> |  |
| 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 <b>8/9/05</b>                                                                                                                                                                                                  |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                               |  |
| D CARPENTER, DONALD 9141 STATE ROAD 535 ORLANDO, FL 32836 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Donald Carpenter Change <input checked="" type="checkbox"/> Addition <b>2813 S. Hiawasse Rd, Ste 201 Orlando FL 32835</b>                                                                                           |  |
| D FRIEDMAN, ERIC 9141 STATE ROAD 535 ORLANDO, FL 32836 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Eric Friedman Change <input checked="" type="checkbox"/> Addition <b>2813 S. Hiawasse Rd, Ste 201 Orlando FL 32835</b>                                                                                              |  |
| D LUKER, KELAN 9141 STATE ROAD 535 ORLANDO, FL 32836 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Kelan Luker Change <input checked="" type="checkbox"/> Addition <b>2813 S. Hiawasse Rd, Ste 201 Orlando FL 32835</b>                                                                                                |  |
| D DAVIS, TIMOTHY JAY 9141 STATE ROAD 535 ORLANDO, FL 32836 <input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Timothy Jay Davis Change <input checked="" type="checkbox"/> Addition <b>2813 S. Hiawasse Rd Ste 201 Orlando FL 32835</b>                                                                                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE 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)(f), 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 <b>8-5-05</b>                                                                                                                                                                                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                     |  |

ATTACHMENT



66025791

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2005

SUBMURSED RECORDING, INC.  
20 N SANTA CRUZ AVE  
STE A  
LOS GATOS, CA 95030-5856

SUBJECT: SUBMURSED RECORDING, INC.  
Ref. Number: P02000100882

Thank you for your correspondence of July 1, 2005, which has been forwarded to me for response.

Our office previously returned a copy of the annual report for corrections. Enclosed is a copy of the annual report and reject letter. To date, we have not received the corrected report back. Please make the corrections on the annual report and return it to our office for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 405A00046511