

From:

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91410 046 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

20041203

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

Principal Place of Business: 670 HENRY GUTERREZ, 9141 STATE ROAD 535, ORLANDO, FL 32835
Mailing Address: 670 HENRY GUTERREZ, 9141 STATE ROAD 535, ORLANDO, FL 32835

A. Principal Place of Business: 2813 S. Hiwassee Rd., Suite 304, Orlando, FL 32835
B. Mailing Address: 2813 S. Hiwassee Rd., Suite 304, Orlando, FL 32835

City & State: Orlando, FL
Zip: 32835
County: USA

A. FEI Number: 03-0473266
B. Certificate of Status Desired: \$5.75 Additional Fee Required

6. Name and Address of Current Registered Agent: MCNEELY, ROBERT A ESQ, MCFARLAN & CASSEY PA, 308 SOUTH GADSDEN STREET, TALLAHASSEE, FL 32301
7. Name and Address of New Registered Agent: (Blank)

8. Election Campaign Financing True Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: CARPENTER, DONALD STREET ADDRESS: 9141 STATE ROAD 535 CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FRIEDMAN, ERIC STREET ADDRESS: 9141 STATE ROAD 535 CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LUKER, NOLAN STREET ADDRESS: 9141 STATE ROAD 535 CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: NISSEN, JOSH STREET ADDRESS: 9141 STATE ROAD 535 CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DAVIS, TIMOTHY JAY STREET ADDRESS: 9141 STATE ROAD 535 CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information furnished with this filing complies with the requirements stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report or subsequent 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 individual or entity incorporated in Florida; that I am required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an effective date as indicated on attached filing receipt.

SIGNATURE: *[Signature]* 7.29.03