

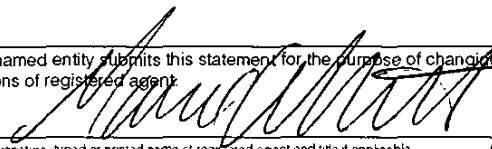
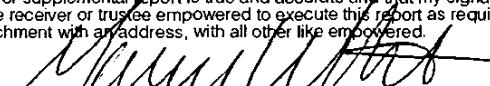


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90109 019 \*\*\*150.00

<b>DOCUMENT # P02000100891</b>					
<b>1. Entity Name</b> SUBMURSED MUSIC, INC.					
<b>Principal Place of Business</b> WHITFIELD & JOHNSON ASSET MGMT 2813 S HIAWASSEE RD., STE 304 ORLANDO FL 32835			<b>Mailing Address</b> WHITFIELD & JOHNSON ASSET MGMT 2813 S HIAWASSEE RD., STE 304 ORLANDO FL 32835		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		00043382 	
Suite, Apt. #, etc. STE 201		Suite, Apt. #, etc. STE 201		1st MOORE CR2E034 (10/04)	
City & State		City & State		<b>4. FEI Number</b> 04-3702478	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHITPLEWA, GARRY 2813 S. HIAWASSEE RD SUITE 304 ORLANDO FL 32835				<b>7. Name and Address of New Registered Agent</b> Name: Garry Whitfield, CPA Street Address (P.O. Box Number is Not Acceptable): 2813 S. Hiawassee Rd., STE 201 City: Orlando, FL Zip Code: 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.</b>  SIGNATURE:  DATE: 4/28/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, DONALD 9141 STATE ROAD 535 ORLANDO FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2813 S. Hiawassee Rd., STE 201 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREIDMAN, ERIC 9141 STATE ROAD 535 ORLANDO FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2813 S. Hiawassee Rd., STE 201 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKER, KELAN 9141 STATE ROAD 535 ORLANDO FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2813 S. HIAWASSEE RD., STE 201 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, TIMOTHY JAY 9141 STATE ROAD 535 ORLANDO FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2813 S. HIAWASSEE RD., STE 201 ORLANDO, FL 32835	<input checked="" 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
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
<b>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.</b>					
<b>SIGNATURE:</b> 				Date: 4/28/05 Daytime Phone #: 408-395-9515	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					