

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90079 008 \*\*\*150.00

DOCUMENT # P03000047571



1. Entity Name  
MARK TREMONTI MUSIC, INC.

Principal Place of Business  
2813 S. HIAWASSEE RD  
SUITE 201  
ORLANDO, FL 32835

Mailing Address  
2813 S. HIAWASSEE RD  
SUITE 201  
ORLANDO, FL 32835

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2243 Cairns Ct.  
Orlando, FL  
32835 US

20 N. Santa Cruz Ave  
Suite A  
Los Gatos, CA  
95030 US

04252007 Chg-P CR2E034 (12/06)

4. FEI Number  
55-0828543

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITFIELD, GARRY CPA  
2813 S. HIAWASSEE RD.  
SUITE 201  
ORLANDO, FL 32835

David Johnson  
2243 Cairns Ct.  
Orlando, FL 32835

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P  
STREET ADDRESS TREMONT, MARK ☐ Delete  
CITY-ST-ZIP 2813 S. HIAWASSEE RD., STE 201  
ORLANDO, FL 32835

TITLE  
NAME 2243 Cairns Ct. ☒ Change ☐ Addition  
STREET ADDRESS Orlando, FL 32835  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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CITY-ST-ZIP

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NAME ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

408-395-9515

Daytime Phone #