



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-14-2007 90086 046 \*\*\*150.00

<b>DOCUMENT # P98000050951</b> 1. Entity Name <b>TREMONTI/STAPP MUSIC, INC.</b>			
Principal Place of Business <b>2813 S HIAWASSEE RD STE 201 ORLANDO, FL 32835</b>		Mailing Address <b>2813 S HIAWASSEE RD STE 201 ORLANDO, FL 32835</b>	
2. Principal Place of Business - No P.O. Box # Suite <b>2243 Cairns Ct.</b> <b>Orlando, FL</b> City <b>32835 US</b> Zip		3. Mailing Address <b>20 N. Santa Cruz Ave</b> <b>Suite A</b> <b>Los Gatos, CA</b> <b>95030 US</b>	
			
		04252007    Chg-P    CR2E034 (12/06)	
		4. FEI Number <b>59-3523595</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITFIELD, GARRY</b> <b>2813 S HIAWASSEE RD</b> <b>STE 201</b> <b>ORLANDO, FL 32835</b>		7. Name and Address of New Registered Agent Name <b>David Johnson</b> Street <b>2243 Cairns Ct.</b> <b>Orlando, FL 32835</b> City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/26/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	DP <input type="checkbox"/> Delete <b>TREMONTI, MARK</b> STREET ADDRESS <b>2813 S HIAWASSEE RD, SUITE 201</b> CITY- ST- ZIP <b>ORLANDO, FL 32835</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2243 Cairns Ct.</b> STREET ADDRESS <b>Orlando, FL 32835</b> CITY- ST- ZIP
TITLE	DP <input type="checkbox"/> Delete <b>STAPP, SCOTT</b> STREET ADDRESS <b>2813 S HIAWASSEE RD, SUITE 201</b> CITY- ST- ZIP <b>ORLANDO, FL 32835</b>	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2243 Cairns Ct.</b> STREET ADDRESS <b>Orlando, FL 32835</b> CITY- ST- ZIP
TITLE	CFO <input checked="" type="checkbox"/> Delete <b>WHITFIELD, GARRY</b> STREET ADDRESS <b>2813 S HIAWASSEE RD, SUITE 201</b> CITY- ST- ZIP <b>ORLANDO, FL 32835</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/26/07</b> Daytime Phone # <b>408-395-9515</b>	