2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90109 024 ***150.00

DOCUMENT # P99000031439

1. Entity Name

CREED RECORDING, INC.

Principal Place of Business	Mailing Address
2813 S. HIAWASSEE SUITE 304 ORLANDO FL 32835 US	2813 S. HIAWASSEE SUITE 304 ORLANDO FL 32835 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-3562933 — 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 2813 S. HIAWASSEE ROAD SUITE 304 ORLANDO FL 32835	Name: CARRY WHITFIELD, CPA Street Address (P.O. Box Number is Not Acceptable): 2813 S. HIAWASSEE Rd., STE 201 City: ORLANDO FL Zip Code: 32835

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] 4/28/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	STAPP, SCOTT	NAME	
STREET ADDRESS	2813 S. HIAWASSEE ROAD, SUITE 304	STREET ADDRESS	SUITE 201
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	TREMONTI, MARK THOMAS	NAME	
STREET ADDRESS	2813 S. HIAWASSEE ROAD, SUITE 304	STREET ADDRESS	SUITE 201
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	CFO ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	WHITFIELD, GARRY D	NAME	
STREET ADDRESS	2813 S. HIAWASSEE ROAD, SUITE 304	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, SCOTT	NAME	
STREET ADDRESS	2813 S. HIAWASSEE ROAD, SUITE 304	STREET ADDRESS	SUITE 201
CITY-ST-ZIP	ORLANDO FL 32835	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] 4/28/05 408-395-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #