

# Lu7 Collective

Recording - Mixing - Mastering



Creating the sound of dreams

# MISSION STATEMENT

**To record songs that will document the  
lives of the musicians who create them and  
unify communities  
through sounds for film, video games and  
television.**

Lu7  
Collective



# Background

Lu7 Collective, was founded by Anthony Diamandi and lives in the memory and spirit of his wife, Megan Elizabeth Diamandi (1981-2019). Megan is Lu and the studio is pronounced, Lu's Heaven Collective. Before she passed, Anthony wrote a song for her called Look up (Lu). After playing it for her, she told him that God really loved him. Lu7 Collective is Anthony Diamandi living his life and following his dream in that moment.

Lu7  
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# DESCRIPTION OF SERVICES

- ✦ LU7 COLLECTIVE SPECIALIZES IN RECORDING, MIXING AND MASTERING SONGS.
- ✦ DESIGNING SOUND FOR VIDEO GAMES AND FILM.
- ✦ PROVIDING A DIRECTORY IN OUR WEBSITE WHERE STUDIO OWNERS CAN POST SKILLS NEEDED FOR FUTURE PROJECTS AND THE SKILLS THEY CAN PROVIDE. THIS CAN BRING STUDIOS TOGETHER AS CLIENTS AND/OR COLLABORATORS.

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# STUDIO RATES

MASTERING \$100 PER SONG

RECORDING AND MIXING \$300/DAY

\$40/HOUR

THERE WILL BE RANDOM PACKAGE DEALS  
STARTING WITH 3 DAYS PURCHASED 1 DAY FREE

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# MERCHANDISE



T-SHIRTS \$25

# *Equipment*

- **Laptop**

- (1) Apple MacBook Pro

- **Guitars (Electric)**

- (1) G&L SC-3
- (1) G&L Fallout
- (1) Harmony Bobkat (Vintage)
- (1) Framus Hollywood

- **Acoustic Guitar**

- (1) Taylor GS Mini

- **Drum Machine**

- (1) Roland TR-8

- **Amplifiers**

- (1) VOX AC15 (Greenback)
- (1) Supro 1606 Super (Vintage)

- **Keyboard Controller**

- (1) Novation LaunchKey 25

- **Monitors**

- (2) Presonus Eris E5
- (2) KRK Rokit 5

- **Software**

- (1) Ableton
- (1) Logic Pro
- (1) Pro Tools

- **Audio Interface**

- (1) Focusrite Scarlett 18i20

- **Microphones**

- (1) Shure SM57
- (1) Shure SM58
- (1) Sennheiser MD421
- (2) Audio-Technica AT2035

- **Guitar Pedals**

- (25) From brands including Earthquaker Devices, BOSS, Meris, Catalinbread, Prescription, PROCO and Line-6.

# STUDIO FLOOR PLAN

Control Room  
14' X 13'

Live Room  
17'X19'

Lounge  
14' X 13'

Hallway

Kitchen  
14'X14'

Lu7  
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# MARKETING RESEARCH

There are around 3-4 studios in my town. From my research, there is only one studio who has enough marketing to show what they stand out in. To stand out from the 3, I will have strong marketing, detailing exactly what we are about in

T-shirts, our website, social media, and live performances. My strongest competitor has a really good engineer and strong marketing. From what I can hear, they have a clean sound of R&B and Hip Hop that is produced “in the box”. My best way to stand out in all that I do is to be myself. There is not one person who is exactly like me, and has the same story of Megan(Lu) and I. I was raised in Daytona Beach/Port Orange for twenty years and grew up in a growing punk rock scene. I am back twenty years later and have friends who’s younger siblings and children are great musicians today. The roots of our scene are still here. My niche will be to take that punk rock scene, move it forward in collaboration with electronic, rock, rap, and hip-hop music. I also want to pay tribute to where most of it came from, the blues. I will use digital, analog and “out of the box thinking” to create and capture performances in the same spirit that each genre provides; compassion, individuality, rawness, honesty, and DIY. Some of the most emotional experiences I ever heard in music were recorded in a field with a mic and an amazing musician. I will stand out by bringing this into the future.

Alan Lomax, meeting Sam Phillips, meeting Steve Albini, meeting Dr. Dre,  
meeting Connie Plank.

# MARKETING STRATEGIES

- ✦ HOST CLINICS AT LOCAL SCHOOLS  
RECORDING STUDENT MUSICIANS AND  
TEACHING THEM RECORDING

- ✦ EMPLOYEES OF LU7 COLLECTIVE WHO  
ARE MUSICIANS WILL PLAY LIVE FOR  
OUTDOOR BBQ'S, SURF CONTESTS, AND  
LOCAL PUBS DURING BIKE WEEK, RACE  
WEEK, AND SPRING BREAK IN DAYTONA.  
WHILE LU7 COLLECTIVE STARTS, I WILL  
BE THE ONE PLAYING SUCH EVENTS IN  
THE STYLE OF PUNK/FOLK. AS THE  
STUDIO GROWS, THE VARIETY OF  
MUSICIANS AND STYLES AT EACH EVENT  
WILL GROW AS WELL.

- ✦ DOCUMENT THE GROWTH OF THE  
STUDIO THROUGH YOUTUBE,  
FACEBOOK, INSTAGRAM AND THE LU7  
COLLECTIVE WEBSITE.



Lu7  
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# ADA Compliance

Lu7 Collective will do everything within its capability to make sure our studio is accessible and safe for everyone. We are moving towards ADA compliancy by following Florida disabilities laws and working with the City of Port Orange.

<https://www.floridahealth.gov/provider-and-partner-resources/fccdhh/legal/federal-disability-laws.html>

<https://www.port-orange.org>

# Operating Costs

Total

\$299.87

Marketing Costs	Cost
POPL (Yearly)	\$242.87
T-Shirts(240 Yearly)	\$57.00

# Operating Costs

Total

\$10,366.72

Studio Operating Costs	Cost
Ineternet (Yearly)	\$1,818.12
Electric (Yearly)	\$1,323.84
Dropbox (Yearly)	\$239.88
I-Cloud (Yearly)	\$35.88
Plugins	\$149.00
Supplies for lounge (Yearly)	\$4,800.00
Annual studio necessities (Mic & Speaker stands, XLR & Guitar cables, Guitar strings, maintenance, Etc.	\$2,000.00

# Start Up Costs

Total

\$1,478.00

Equipment	Cost
(2) Beyerdynamic TG D70 MKII Microphone	\$498.00
(1) Shure SM57	\$180.00
(1) Sennheiser MD421	\$300.00
(1) TAC Scorpion Console	\$500.00

# Start Up Costs

Total

\$2,400.00

Item over \$600	Cost
(1) Ludwig Classic Drum Set	\$2,400.00

# Start Up Costs

Total

\$5,000.00

Equipment (Cont...)	Cost
Otari Tape Machine	\$3,000.00
Sound Proofing	\$2,000.00

# Start Up Costs

Total

\$262.50

Legal Paperwork	Cost
Trademark/Copyright for Logo	\$87.50
Fictitious Name LLC	\$50.00
	\$125.00

## Start Up Costs

Total

**\$7,025.00**

Item over \$600

Cost

(1) UT FET 47

Microphone

\$7,025.00

## Start Up Costs

Total

**\$3,000.00**

Item over \$600

Cost

(1) Otari Tape Machine

\$3,000.00

## Start Up Costs

Total

**\$1,058.00**

Item over \$600

Cost

(2) Sennheiser MD403

Microphone

\$1,058.00

## Start Up Costs

Total

**\$798.00**

Item over \$600

Cost

(1) Rupert Neve Portico

517 500 series Mic

Pre/Compressor/DI/

Variphase

\$798.00

## Start Up Costs

Total

**\$1,500.00**

Item over \$600

(1) Fender 59 Reissue

Bassman Amplifier

\$1,500

## Total of all Start Up and Operating Costs

**\$34,688.09**

## Start Up Costs

Total

**\$2,000.00**

Item over \$600

Cost

Sound Proofing

\$2,000.00

Funding:  
From savings and/or  
investments.

Sponsorships:  
From gear and stores we use  
such as; G&L, VOX,  
Earthquaker Devices, Atlantic  
Sounds, Guitar Attic, and  
Total Entertainment.

# EMPLOYER IDENTIFICATION

Form SS-4  
(Rev. December 2019)  
Department of the Treasury  
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)  
► Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Lu7 Collective</b>							
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name					
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>4781 Alcorn Rd</b>		5a Street address (if different) (Don't enter a P.O. box.)					
	4b City, state, and ZIP code (if foreign, see instructions) <b>Port Orange FL 32127</b>		5b City, state, and ZIP code (if foreign, see instructions)					
	6 County and state where principal business is located <b>Port Orange FL</b>							
	7a Name of responsible party <b>Anthony Diamandi</b>		7b SSN, ITIN, or EIN <b>487 64 2121</b>					
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>123456</b>					
	8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
	9a <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check. <input checked="" type="checkbox"/> Sole proprietor <b>487 64 2121</b> <input type="checkbox"/> (SSN) Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ► <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> Military/National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ►							
	9b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country					
10 <b>Reason for applying</b> (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Other (specify) ►								
11 Date business started or acquired (month, day, year). See instructions. <b>January 20 2023</b>		12 Closing month of accounting year						
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td></td><td><b>3</b></td><td></td></tr></table>		Agricultural	Household	Other		<b>3</b>		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter.
Agricultural	Household	Other						
	<b>3</b>							
15 First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ►								
16 Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ► <b>Studio</b>								
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>Recording, Mixing, Mastering services T-shirts</b>								
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? If "Yes," write previous EIN here <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.							
	Designee's name <b>Anthony Diamandi</b>	Designee's telephone number (include area code)						
	Address and ZIP code <b>Alcorn Rd Port Orange FL 32127</b>	Designee's fax number (include area code) <b>908 123 4567</b>						
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ► <b>Anthony Diamandi</b>		Applicant's telephone number (include area code)						

# TRADEMARK FOR LOGO

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

### PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Anthony Diamandi

(b) Owner's/Applicant's business address: 1412 Alcom Rd

Port Orange/ FL/ 32127

City/State/Zip

If different, Owner's/Applicant's mailing address: N/A

City/State/Zip

(c) Owner's/Applicant's telephone number: ( 345 ) 123 4567

Check the appropriate box to indicate the Owner/Applicant is a(n):

☒ Limited Liability Company ☐ Corporation ☐ Joint Venture ☐ Individual

☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other:

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

(1) Florida registration/document number: 12334567

(2) Domicile State or Country: Florida United States

(3) Federal Employer Identification Number: 567 89 0097

2. (a) SERVICE MARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

Lu7 Collective logo is for the services it provides in recording, mixing mastering and creating sounds for video games and films.

# BUSINESS TAX APPLICATION FOR HOME STUDIO



## CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129  
PHONE 386-506-5602 | EMAIL MBODDIE@PORT-ORANGE.ORG

### Home Based Business Tax Application

Date Received: \_\_\_\_\_ Received: \_\_\_\_\_ BTR#: \_\_\_\_\_

[ ] New Business [ ] Add to Existing Business [ ] Business Transfer

Business Name Change – List former name: \_\_\_\_\_

### BUSINESS INFORMATION:

Business Name: Lu 7 Collective

Business Address: 1412 Alcorn Rd

Mailing Address (if different): \_\_\_\_\_

Mailing City, State, & Zip: Port Orange FL 32127

Business Phone: Port Orange FL 32127 Email: diamandianthony@gmail.com

Description of Services Offered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State License Number (if applicable): \_\_\_\_\_

### BUSINESS OWNER:

Business Owner or Corporation Name: Lu 7 Collective

Home/Corporation Address: 1412 Alcorn Rd

City, State, & Zip: Port Orange FL 32127

Home/Cell Phone: c

Driver's License #: DIA123678

Social Security or FEIN #: 281 45 9001

**\*\* The City of Port Orange collects your social security number for the following purposes:**  
**classification of accounts, identification and verifications, credit worthiness, billing and**  
**payments, data collection, reconciliation, tracking, benefit processing, tax reporting, and**  
**applicant and employee background checks. Social security numbers are also used as a**  
**unique numeric identifier and may be used for search purposes.**

# LLC

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Lu7 Collective LLC  
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
1412 Alcorn Rd Port Orange FL	1412 Alcorn Rd Port Orange FL
_____	_____
_____	_____

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Anthony  
Diamandi \_\_\_\_\_  
Name

Alcorn Rd		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
Port Orange	FL	32127
City	State	Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

# IRS 1099

## WORK FOR HIRE

9595

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	OMB No. 1545-0115	
		\$	Form <b>1099-MISC</b>	
		2 Royalties	(Rev. January 2022)	
		\$	For calendar year 20 ____	
		3 Other income	4 Federal income tax withheld	
		\$	\$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds	6 Medical and health care payments	
		\$	\$	
RECIPIENT'S name		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest	
		\$	\$	
Street address (including apt. no.)		9 Crop insurance proceeds	10 Gross proceeds paid to an attorney	
		\$	\$	
City or town, state or province, country, and ZIP or foreign postal code		11 Fish purchased for resale	12 Section 409A deferrals	
		\$	\$	
	13 FATCA filing requirement <input type="checkbox"/>	14 Excess golden parachute payments	15 Nonqualified deferred compensation	
	\$	\$	\$	
Account number (see instructions)	2nd TIN not. <input type="checkbox"/>	16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
		\$		\$

Form **1099-MISC** (Rev. 1-2022)

Cat. No. 14425J

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous Information

Copy A  
For Internal Revenue Service Center

File with Form 1096.  
For Privacy Act and Paperwork Reduction Act Notice, see the current General Instructions for Certain Information Returns.

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	OMB No. 1545-0115	
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	\$	\$	\$	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
		\$		\$

Form **1099-MISC** (Rev. 1-2022)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents	OMB No. 1545-0115	
		\$	Form <b>1099-MISC</b>	
		2 Royalties	(Rev. January 2022)	
		\$	For calendar year 20 ____	
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	\$	\$	\$	
Account number (see instructions)		16 State tax withheld	17 State/Payer's state no.	18 State income
		\$		\$
		\$		\$

Form **1099-MISC** (Rev. 1-2022)

(keep for your records)

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

Miscellaneous Information

Copy B  
For Recipient

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.