2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 715806

Jul 17, 2009
Secretary of State

Entity Name: MCARTHUR BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business:

6501 HOLLYWOOD BLVD. HOLLYWOOD, FL 330247647 US

Current Mailing Address: New Mailing Address:

6501 HOLLYWOOD BLVD. HOLLYWOOD, FL 330247647 US

FEI Number: 65-0204701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANCASTER, SANDRA TREASUR

6900 SW 13 STREET

PEMBROKE PINES, FL 33023 US

SCOTT, DALE TREASUR

8511 NW 10 STREET

PEMBROKE PINES, FL 33024 US

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.

SIGNATURE: DALE SCOTT 07/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PRES () Delete Title: PRES (X) Change () Addition

Name: PATTERSON, MARY Name: MENDEZ, JESSICA
Address: 7930 NW 12 STREET Address: 310 SW 71ST AVENUE

City-St-Zip: HOLLYWOOD, FL 33024 US City-St-Zip: PEMBROKE PINES, FL 33023 US

 $\label{eq:total_problem} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($)$ Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{$($X)$ Change $($)$ Addition}$

 Name:
 NATH, DEBRA
 Name:
 RUIDIAZ, ARTURO

 Address:
 1951 NW 86TH TERRACE
 Address:
 310 SW 71ST AVENUE

City-St-Zip: PEMBROKE PINES, FL 33024 US City-St-Zip: PEMBROKE PINES, FL 33023 US

Title: TREA () Delete Title: TREA (X) Change () Addition

 Name:
 LANCASTER, SANDRA P
 Name:
 SCOTT, DALE

 Address:
 6900 SW 13TH STREET
 Address:
 8511 NW 10TH STR

Address: 6900 SW 13TH STREET Address: 8511 NW 10TH STREET

City-St-Zip: PEMBROKE PINES, FL 33023 US City-St-Zip: PEMBROKE PINES, FL 33024 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE SCOTT TREA 07/17/2009