

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 041 ***158.75

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DOCUMENT # F91525 1. Entity Name MATTERHORN MUSIC, INC.			
Principal Place of Business P.O. BOX 10335 TAMPA, FL 33679		Mailing Address P.O. BOX 10335 TAMPA, FL 33679	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8611 POINSETTIA DR. Suite, Apt. #, etc.	
City & State TEMPLE TERRACE, FL		City & State TEMPLE TERRACE, FL	
Zip 33637	Country HILLSBOROUGH	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent POWELL, SYLVIA J. 8611 POINSETTIA DR. TEMPLE TERRACE, FL 33637		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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			
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 STREET ADDRESS CITY-ST-ZIP	VPST POWELL, RICHARD D 8611 POINSETTIA DR. TEMPLE TERRACE, FL 33637	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWELL, SYLVIA J 8611 POINSETTIA DR. TEMPLE TERRACE, FL 33637	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: SYLVIA J. POWELL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1-25-07 (813) 980-0200 Daytime Phone #	