

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K11760**

1. Entry Name  
**THE FJH MUSIC COMPANY, INC.**



Principal Place of Business  
**2525 DAVIE RD  
SUITE 360  
FT. LAUDERDALE, FL 33317-7424**

Mailing Address  
**2525 DAVIE RD  
SUITE 360  
FT. LAUDERDALE, FL 33317-7424**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0033112**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HACKINSON, FRANK J.  
661 108 AVENUE  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	PDT
NAME	HACKINSON, FRANK J.
STREET ADDRESS	661 108TH AVENUE
CITY-ST-ZIP	PLANTATION, FL
TITLE	SVD
NAME	HACKINSON, GAIL J.
STREET ADDRESS	661 108TH AVENUE
CITY-ST-ZIP	PLANTATION, FL
TITLE	VP
NAME	HACKINSON, KEVIN
STREET ADDRESS	12200 NORTHWEST 26 STREET
CITY-ST-ZIP	PLANTATION, FL 33323
TITLE	VP
NAME	HACKINSON, KYLE
STREET ADDRESS	3924 HERON RIDGE DRIVE
CITY-ST-ZIP	WESTON, FL 33331
TITLE	VP
NAME	HACKINSON, GIORGI KERRY
STREET ADDRESS	1856 NW 93 TERR.
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000635603  
02/23/07-80021-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Kyle Hackinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KYLE HACKINSON**

Date

**2/12/07 (954) 382-6061**  
Daytime Phone #