

2007 FPC PROXY STATEMENT ANNUAL REPORT (AR)

DOCUMENT # P99000008019

1. Entity Name

MACARTHUR MUSIC, INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

906-E KENNEDY DR
KEY WEST FL 33040

Mailing Address

PO BOX 5427
KEY WEST FL 33045



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0889438**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, CAROL C
701 SPANISH MAIN DR
SUMMERLAND KEY FL 33042

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

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

TITLE: ☐ Delete
NAME: BROOKS, CAROL C
STREET ADDRESS: 701 SPANISH MAIN DR
CITY-STATE-ZIP: SUMMERLAND KEY FL 33042

TITLE: ☐ Delete
NAME: NOVAK, CHRISTINE
STREET ADDRESS: 701 SPANISH MAIN DR
CITY-STATE-ZIP: SUMMERLAND KEY FL 33042

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 02/02/07-80033-026 150.00

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Add
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Christine Novak CHRISTINE NOVAK

1-20-07

305-294-93

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #