

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F06000003943

1. Entity Name
GMI ON-LINE VENTURES, LTD., INC.



Principal Place of Business

2 PENN PLAZA
11TH FLOOR
NEW YORK, NY 10121

Mailing Address

6800 BROKEN SOUND PARKWAY NW
SUITE 100
BOCA RATON, FL 33487



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4097656

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

000000914576
05/08/08-80062-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELL, MARC H
STREET ADDRESS 6800 BROKEN SOUND PARKWAY NW #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE TD
NAME STATON, DANIEL C
STREET ADDRESS 6800 BROKEN SOUND PARKWAY NW #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE S
NAME ASHER, PAUL
STREET ADDRESS 6800 BROKEN SOUND PARKWAY NW #100
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #