

2001 UNIFORM BUSINESS REPORT (UBR)

0009186 AF

DOCUMENT # L00000007041

1. Entity Name

AXE MULTIMEDIA ENTERTAINMENT GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 PM 3:55

Principal Place of Business

395 NE 21 STREET, SUITE 502
MIAMI FL 33137

Mailing Address

395 NE 21 STREET, SUITE 502
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 01-4604

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, Florida

4. FEI Number

Applied For
☒ Not Applicable

Zip

Country

Zip

33101

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, ADRIAN

395 NE 21 STREET, SUITE 502

MIAMI FL 33137

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE President & CEO *Mgrm* ☐ Delete
NAME Adrian Anderson
STREET ADDRESS 395 NE 21 Street
CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Senior V.P. *Mgrm* ☐ Delete
NAME Monica Freeman
STREET ADDRESS 395 NE 21 Street
CITY-ST-ZIP Miami, FL 33137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003851166
-03/13/01--01101--025
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/3/2001

Date Daytime Phone #

CR2E083 (11/00)