FILED
Apr 12, 2007 08:00 AM
Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007041

1. Entity Name
AXE MULTIMEDIA ENTERTAINMENT GROUP, LLC

Principal Place of Business	Mailing Address
395 NE 21 STREET, SUITE 502 MIAMI, FL 33137	P.O. BOX 01-4604 MIAMI, FL 33101

DO NOT WRITE IN THIS SPACE

04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, ADRIAN
395 NE 21 STREET, SUITE 502
MIAMI, FL 33137

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	ANDERSON, ADRIAN
STREET ADDRESS	395 NE 21 STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGRM
NAME	FREEMAN, MONICA
STREET ADDRESS	395 NE 21 STREET
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 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: Monica Freeman 4/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #