

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90027 036 \*\*\*150.00

**DOCUMENT # P00000023424**

1. Entity Name  
**GLOBAL MUSIC ENTERTAINMENT CORP.**



Principal Place of Business  
**2649-A NE 186TH TERRACE  
SUITE A  
NORTH MIAMI BEACH, FL 33180 US**

Mailing Address  
**2649-A NE 186TH TERRACE  
SUITE A  
NORTH MIAMI BEACH, FL 33180 US**

**60042915**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0989164**

Applied For  
Not Applicable

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

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

**AKSERT, ALEXANDER  
2649-A NE 186TH TERRACE  
SUITE A  
NORTH MIAMI BEACH, FL 33180**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO AKSERT, ALEXANDER 2649-A NE 186TH TERRACE, SUITE A NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS AKSERT, ALEXANDER 20533 BISCAYNE BLVD, SUITE 1340 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARKUS, EFFINGER A 2649-A NE 186TH TERRACE, SUITE A NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MILLINGEN, GEORGIA M 2649-A NE 186TH TERRACE, SUITE A NORTH MIAMI BEACH, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 persons empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/18/08 (305) 9323440**  
Date Daytime Phone #