			er e	
SECOND NOTICE: CORPORATION WILL BE D	ISSOLVED ON OR AFTER S	EPTEMBER 30. 1998	APPROMAN	
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).				
PROFIT FLORIDA DEPARTME		MENT OF STATE	TILED	•
CORPORATION _ ANNUAL PEROPE	HAL-DEDORT		GROCT ON BUILD	
ANNUAL-REPORT	Cocordary of Clare		98 OCT 22 PM 12: 08	
	1998 DIVISION OF CORPORATIONS		SECRETARY OF OUR	
DOCUMENT # Global Music 1. Comporation Name Consulting, Inc.		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
1. Comporation Name Consulting, Inc.			, reoning	
Mannagar	TVI	•		
- POT 100000010	W			
Principal Place of Business	I Place of Business Mailing Address 50 3rd 5f. N. 950 3rd St. V.]	
950 3rd st. N.	7 3 7 57, N, 950 3 ~ 11.1V.			
34. Pete, FL 33701	Pete, FL 5t. Pete, FL		DO NOT WRITE IN THIS SPACE	
33/0/ 33701		3. Date Incorporated or Qualified November 19, 1997		
2. Principal Place of Business	rincipal Place of Business 2a. Mailing Address		4. FEI Number _	Applied For
21	26 Suite Act # etc		59-3490562	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
ZID Country	28	Country	Trust Fund Contribution	Added to Fees
Zip Country 25	Zip 3	BO	8. This corporation owes or has paid the current Personal Property Tax due June 30.	· _ ~
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age	ent
81 Name				
John Bouf Kam 82 Street Address (P.O. Box Number is No. Acceptable)				
1650 22nd Ave.		83		
31. Rete, FZ 3.	3713	84 City	t. Pek FL!	B5 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the ournose of cha	nging its registered
office or registered attent or both, in the State of agent. I am familiar In, and accept the obligat	of Florida. Such change was auti ions of, Section 607.0505, Florid	horized by the corporation da Statutes.	n's board of directors. I hereby accept the appointm	ent as registered
SIGNATURE			10/20/98	
12. OFFICERS AND		Hagistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12
TITLE Chairman / CE	O (C/D) DELETE	t 1 TITLE	J .2	Change Addition (9)
	an ve. N.	1 2 NAME 1 3 STREET ADDRESS	Harr mad Are M	334
STREET ADDRESS 1650 37 No. A.	52 337 4 3	1.4 CITY-ST-ZIP	1650 22 nd Ave. No. 5t. Pete, FZ 33713	
	ensel poelete	2 I TITLE	· · · · · · · · · · · · · · · · · · ·	Similar = Fidentiali =
NAME Brad Esginan		2.2 NAME	950 3rd 54. R/.	
STREET ADDRESS 950 3 mg 5 mg 3701		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	950 3rd 54. N., 51. Pcte, FZ 3370	7
TITLE CEO	DELETE	3 1 TITLE	152	Change
NAME Hal hitch	X N. (V/P)	3 2 NAME 3 3 STREET ADORESS	950 3rd 5t. N.	
STREET ADDRESS CITY-ST-ZIP St. Pe Fe	FZ 33701	34 CITY-ST-ZIP	5+. Pete F2 3370	01
TITLE CFO _	DELETE	4 T TITLE	<u> </u>	Change
NAME Dan Eagan	AL (T/D) (5)	4 2 NAME	950 3rd 5% N,	
STREET ADDRESS 950 3 950 37 950 STREET ADDRESS 950		4.3 STREET ADDRESS	75- 77 1-1	أ
TITLE		•	St, lex FL 3378	77
NAME T		4 4 CHY-ST-ZIP 5 1 TITLE	5t, let, FL 3378	Change Addition
	FZ 33701 □ DELETE	4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME	E000026755	Change Addition
STREET ADDRESS CITY 201 HP	FZ 33701 □ ORLETE	4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS	6000026755 -10/23/9801	Change Addition
STREET ADRESS CITY ST. MP TITLE	FZ 33701 □ DELETE	4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME	6000026755 -10/23/9801	Change DAddillen
NAME TITLE CITY 337 MP		4 4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 TITLE 6 2 NAME	6000026755 -10/23/9801	Change DAddillen
CITY TI PP TITLE NAME STREET ADDRESS		4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS	6000026755 -10/23/9801	Change DAddillen
CITY ST. UP THE NAME STREET ADDRESS CITY-ST-2IP 14. I hereby certify that the information supplied with	☐ DELETE h this filing does not qualify for t	4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP he exemption stated in S	600025755 -10/23/3801 ****550.00	Change Addition D84 018
UITY STATE MAME STREET ADDRESS CITY-ST- 2P 14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the receiver.	☐ DELETE In this filing does not qualify for it annual report is true and accure yer or trustee empowered to exerce to exerce the content of the content o	4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP he exemption stated in Sate and that my signature	6000026755 -10/23/3801 ****550.00	Change Addition 084 - 018 ***50.00
UITY TO THE NAME SIREET ADDRESS CITY-ST- AP 14. I hereby certify that the information supplied with indicated on this annual report or supplemental	☐ DELETE In this filing does not qualify for it annual report is true and accure yer or trustee empowered to exerce to exerce the content of the content o	4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP he exemption stated in S and that my signature soule this report as required.	ection 119.07(3)(i). Florida Statutes. I further certify a shall have the same legal effect as if made under o	Change Addition 084 - 018 ***50.00