

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90751 001 \*\*\*\*50.00

DOCUMENT # L01000004607



1. Entity Name  
**EMUSIQ L.L.C.**

Principal Place of Business

670 ISLAND WAY. #906  
CLEARWATER FL 33767

Mailing Address

670 ISLAND WAY. #906  
CLEARWATER FL 33767

2. Principal Place of Business

**13531 WESTSHIRE DR**

Suite, Apt. #, etc.

3. Mailing Address

**13531 WESTSHIRE DR**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA, FL**

Zip

**33618**

Country

**USA**

Zip

**33618**

Country

**USA**

6. Name and Address of Current Registered Agent

**SHAREEF, JAMAL**  
**13531 WESTSHIRE DR**  
**TAMPA FL 33618**

7. Name and Address of New Registered Agent

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. 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SHAREEF, JAMAL</b>	
STREET ADDRESS	<b>13531 WESTSHIRE DR</b>	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BECKERMAN, ERIC</b>	
STREET ADDRESS	<b>470 ISLAND WAY #906</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33767</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KAVIANPOUR, MANSOUR</b>	
STREET ADDRESS	<b>1711-MASSIDDA CT</b>	
CITY-ST-ZIP	<b>SAN JOSE CA 95118</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KASZUBSKI, MAREK</b>	
STREET ADDRESS	<b>7117 EDGEVALE ST</b>	
CITY-ST-ZIP	<b>CHEVY CHASE MD 20815</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ERIC BECKERMAN**

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

**4-14-03 727-461-6405**

Date

Daytime Phone #

CR2E083 (10/02)