

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90180 001 \*\*\*\*35.00  
07-29-2004 90180 002 \*\*\*\*15.00

**DOCUMENT # L02000029789**

1. Entity Name  
**MUSA ENTERTAINMENT, LLC.**



Principal Place of Business  
**2530 EAGLE RUN CIRCLE  
WESTON, FL 33327**

Mailing Address  
**2530 EAGLE RUN CIRCLE  
WESTON, FL 33327**

**34009608**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**51-0461542**

Applied For  
Not Applicable

Zip

Country

Zip

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

**CREMISTINI, TULIO  
2530 EAGLE RUN CIR.  
WESTON, FL 33327**

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

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **CREMISINI, TOLIO**  
STREET ADDRESS **2530 EAGLE RUN CIR.**  
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **P** ☒ Change ☐ Addition  
NAME **CREMISINI TULIO**  
STREET ADDRESS **2530 EAGLE RUN CIRCLE**  
CITY-ST-ZIP **WESTON FL 33327**

TITLE **V** ☐ Delete  
NAME **SANTANDER, GUSTAVO**  
STREET ADDRESS **910 NORTH SHORE DRIVE**  
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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

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  
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

**07-08-04**

Date

**954-3483140**

Daytime Phone #