

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

Applied For

51-0461542

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, EULIO
 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 TOLIO
 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
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TITLE Change Addition
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 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: *Eulio Cremisini* TOLIO CREMISINI PD 07-08-04 954-3483140
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #