


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90064 002 ****25.00
01-26-2005 90064 001 ****25.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 51-0461542			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CREMISTINI, TULLIO (TULLIO) 2530 EAGLE RUN CIR. WESTON, FL 33327			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CREMISTINI, TULLIO (TULLIO) 2530 EAGLE RUN CIR. WESTON, FL 33327	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANTANDER, GUSTAVO 910 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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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: <u>TULLIO CREMISTINI</u> 01-10-05 954-3493140 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					