

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

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

SAKE

Suite, Apt. #, etc.

3. Mailing Address

SAKE

Suite, Apt. #, etc.

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

**REYGADAS, JOSE A
201 S BISCAYNE BLVD
SUITE 2824
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

TULIO CREMISINI

Street Address (P.O. Box Number is Not Acceptable)

2530 EAGLE RUN CIRCLE

City **WESTON**

FL

Zip Code **33327**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-08-03

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 **PRESIDENT** ☐ Delete
NAME **TULIO CREMISINI**
STREET ADDRESS **2530 EAGLE RUN CIRCLE**
CITY-ST-ZIP **WESTON, FL. 33327**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] **TULIO CREMISINI**

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

04-08-03

DATE

954-3493140

DAYTIME PHONE #

CR2E083 (10/02)