

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90035 017 ****50.00

DOCUMENT # L02000032774

1. Entity Name

EMEA VIDEO GAMES ACCESSORIES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5255 NW 159 STREET

Suite, Apt. #, etc.

3. Mailing Address

5255 NW 159 STREET

Suite, Apt. #, etc.

ATTN: TOM KRUSZEWSKI

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33014

Country

U.S.A.

Zip

33014

Country

U.S.A.

4. FEI Number

82-0581708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

B&C CORPORATE SERVICES, INC.

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

201 SOUTH BISCAYNE BOULEVARD

SUITE 3000

City

MIAMI

FL

Zip Code

33131

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGR

MARC IACOVELLI

5255 NW 159 STREET

MIAMI, FL 33014

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MGR

CLAUDIO OSORIO

15 WEST STAR ISLAND DRIVE

MIAMI BEACH, FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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

MARC IACOVELLI

4/14/03

(305) 908-5355

Date

Daytime Phone #

CR2E083B (12/02)