

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013129

Entity Name: TERAVISION GAMES LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

45 SKYLINE DRIVE #1001  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

45 SKYLINE DRIVE #1001  
LAKE MARY, FL 32746

**New Mailing Address:**

FEI Number: 26-1941635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARCIA, RICARDO  
45 SKYLINE DRIVE #1001  
LAKE MARY, FL 32746 US

**Name and Address of New Registered Agent:**

MALDIFASSI, FELIX  
45 SKYLINE DRIVE #1001  
LAKE MARY, FL 32746 US

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.

SIGNATURE: FELIX MALDIFASSI

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ARCIA, RICARDO  
Address: 45 SKYLINE DRIVE #1001  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM  
Name: FUENTES, ENRIQUE  
Address: 45 SKYLINE DRIVE #1001  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM  
Name: ONDARZA, OSWIN  
Address: 45 SKYLINE DRIVE #1001  
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM  
Name: MALDIFASSI, FELIX  
Address: 45 SKYLINE DRIVE #1001  
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FELIX MALDIFASSI

MR

01/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date