

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000063247

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** DREAMVISION ANIMATION LLC

**Current Principal Place of Business:**

115 BLOXAM AVE.  
TOWER VIEW COMPLEX  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1859  
MINNEOLA, FL 34755 18

**New Mailing Address:**

**FEI Number:** 26-2919295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILANSKAS, VINCENT A  
115 BLOXAM AVE.  
TOWER VIEW COMPLEX  
CLERMONT, FL 34711 US

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

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:** VINCENT A SILANSKAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SILANSKAS, VINCENT A  
**Address:** P.O. BOX 1859  
**City-St-Zip:** MINNEOLA, FL 34755

**Title:** MGR  
**Name:** SILANSKAS, RICHARD M JR.  
**Address:** P.O. BOX 1859  
**City-St-Zip:** MINNEOLA, FL 34755

**Title:** MGR  
**Name:** SILANSKAS, CRISTIN D  
**Address:** P.O BOX 1859  
**City-St-Zip:** MINNEOLA, FL 34755

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:** VINCENT A SILANSKAS

MGRM

10/02/2012

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