

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005885

FILED
Apr 26, 2011
Secretary of State

Entity Name: VISTA INSURANCE SERVICES, LLC

Current Principal Place of Business:

1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830

New Principal Place of Business:

Current Mailing Address:

500 SOUTH BUENA VISTA STREET
BURBANK, CA 915210105

New Mailing Address:

FEI Number: 59-3599923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIGMILE, JEFFREY S
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BARLEY, CRAWFORD
Address: 1375 BUENA VISTA DRIVE
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: MGR
Name: REED, MARSHA L
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: MGR
Name: HUNT, JAMES S
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: MGR
Name: BUETTNER, ANNE L
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: MGR
Name: HANFORD, JAMES D
Address: 500 SOUTH BUENA VISTA STREET
City-St-Zip: BURBANK, CA 91521

Title: MGRM
Name: THE CELEBRATION COMPANY (SOLE MEMBER)
Address: 700 CELEBRATION AVENUE, SUITE 200
City-St-Zip: CELEBRATION, FL 34747

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: MARSHA L. REED

MGR

04/26/2011

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