05-03-2004 91053 016 ***150.00

FILED P94000047471

04 MAY 20 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 200

DOCUMENT # P94000047471

1. Entity Name
ANIMATION INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

24065885-03 04

DO NOT WRITE IN THIS SPACE
04/28/03 91367 023 $150.00

2. Principal Place of Business
10951 N LAKE VISTA CIR
Suite, Apt. #, etc.
City & State: DAVIE FL
Zip: 33328 Country: US

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ALBERT DECESPEDES
Street Address (P.O. Box Number is Not Acceptable):
10951 N LAKE VISTA CIRCLE
City: DAVIE FL Zip Code: 33328

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.

SIGNATURE: _____ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALBERT DECESPEDES
STREET ADDRESS	10951 N LAKE VISTA CIRCLE
CITY-ST-ZIP	DAVIE FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

$5.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all blanks filled.

SIGNATURE: X Albert DeCespedes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attached 24005885
P94000047471

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE,FL 32314

GENTLEMEN:

ENCLOSED IS THE ANNUAL REPORT FORM FOR 2004.

ACCORDING TO THE WEBSITE IT STATES THAT THE CORPORATION WAS DISSOLVED. ENCLOSED PLEASE FIND A COPY OF THE CANCELLED CHECK PAYING FOR THE ANNUAL REPORT.

PLEASE REINSTATE THE CORPORATION.

YOURS TRULY