

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 700647

FILED
Aug 16, 2002
Secretary of State

Entity Name: THE STORY, INC.

Current Principal Place of Business:

C/O CHRIST INC.
3801 HARRODSBURG RD.
LEXINGTON, KY 40513 US

Current Mailing Address:

P.O. BOX 3000
LEXINGTON, KY 40533 US

New Principal Place of Business:

C/O CHRIST CHURCH
3801 HARRODSBURG RD
LEXINGTON, KY 40513 US

New Mailing Address:

C/O CHRIST CHURCH
3801 HARRODSBURG RD
LEXINGTON, KY 40513 US

FEI Number: 61-0670079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARPTON, A E
111 A WEST TERRACE DRIVE
PLANT CITY, FL 33566 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TURKINGTON, WILL
Address: 3433 OAKBROOK DR
City-St-Zip: LEXINGTON, KY 40515

Title: D () Delete
Name: SHARPTON, A E,
Address: 111 A WEST TERR DR
City-St-Zip: PLANT CITY, FL

Title: SD () Delete
Name: BERTRAM, BARRY
Address: 1505 PARKVIEW DR
City-St-Zip: CAMPBELLSVILLE, KY

Title: D () Delete
Name: PHILPOT, TIM,
Address: 870 CORPORATE DR. STE. #200
City-St-Zip: LEXINGTON, KY 40533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILL TURKINGTON

P

08/16/2002

Electronic Signature of Signing Officer or Director

Date