


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000006636 1. Entity Name STORYTELLER'S INK, INC.	
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Principal Place of Business 2637 PARKVIEW DRIVE HALLANDALE BEACH, FL 33009	Mailing Address 2637 PARKVIEW DRIVE HALLANDALE BEACH, FL 33009
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03072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 42-1550696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  YEARWOOD, LORI T 2637 PARKVIEW DRIVE HALLANDALE BEACH, FL 33009	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105741 U4/U7/U4-80037-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORLEY, FREDERICK A 1775 N.W. 60TH STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YEARWOOD, LORI T 2637 PARKVIEW DRIVE HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, DAVID 3250 SW THIRD AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIERKSMEIER, LYNN M 10000 NW 135TH ST HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, STEPHEN BOSTON GLOBE/ PO BOX 2378 BOSTON, MA 021072378
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Lori T. Yearwood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>March 12, 04</u> <small>Date</small>	<u>954 661 7150</u> <small>Daytime Phone #</small>
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