

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

03-11-2002 90005 032 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065169

1. Entity Name  
STORYTELLERS, INC.

Principal Place of Business  
2731 N E 25TH TERRACE  
BOCA RATON FL 33431

Mailing Address  
2731 N E 25TH TERRACE  
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

105-102 0042  
APPLIED FOR

4. FET Number

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SASSI, PETER M  
2731 N E 25TH TERRACE  
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P ROUGHTON-SASSI, JUDITH E  
STREET ADDRESS 2731 N E 25TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME D SASSI, PETER M  
STREET ADDRESS 2731 N E 25TH TERRACE  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
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TITLE NAME  
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CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith E. Roughton-Sassi 2-19-02 561-368-3017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Department of the Treasury  
Internal Revenue Service  
ATLANTA, GA 39901

Attachment 21983  
Document # P00000065169

Taxpayer Identification Number: 65-1020042

Number of this Notice: CP- 136

Form: 941 Tax Period: 2000

For assistance you may call us at:  
1-800-829-1040

STORYTELLERS INC  
2731 NE 25TH TER  
BOCA RATON FL 33431-7553312

## YOUR YEAR 2001 FEDERAL TAX DEPOSIT REQUIREMENTS

We're sending you this letter to inform you about your 2001 Federal Tax Deposit requirements. You don't have to answer it, but you need to review carefully the following information.

We reviewed in October the returns you filed for the previous four quarters ending in September, December, March and June so we could determine your deposit requirements for next year.

Your total employment tax liability for the four quarters was less than \$50,000, so you must follow the monthly deposit schedule.

This schedule means that you must make your deposit, for any one month, on or before the 15th day of the following month.

Some situations may change your deposit schedule. For example, if at any time within your deposit schedule, your accumulated employment taxes reach \$100,000 or more, you must make your deposit on the next banking day.

From then on, you must make your deposits on a semi-weekly rather than monthly schedule. By semi-weekly schedule, we mean that when you pay wages on Wednesday, Thursday, or Friday, your deposit is due by the following Wednesday. If you pay wages on a Saturday, Sunday, Monday, or Tuesday, your deposit is due by the following Friday. You're also required to make a deposit the next day when you accumulate \$100,000 of employment taxes within one of the above semi-weekly periods.

It is your responsibility to determine which of the two deposit schedules you need to follow. Please contact us if you encounter a problem making your first deposit requirement as a result of your new deposit schedule.

## ELECTRONIC DEPOSIT REQUIREMENT

You must make your deposits electronically in 2001 if your total tax deposits during the 1999 calendar year exceeded \$200,000.

You can call our office nearest you if you have any questions or want information on enrolling in our Electronic Federal Tax Payment System (EFTPS).