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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90210 042 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041856

1. Entity Name
STORY FILMS, INC.

14009770

04232004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
11960 WASHINGTON STREET PEMBROKE PINES, FL 33025	11960 WASHINGTON STREET PEMBROKE PINES, FL 33025

2. Principal Place of Business	3. Mailing Address
12951 N. W. 1 ST.	12951 N.W. 1 ST
Suite, Apt. #, etc. SUITE 202	Suite, Apt. #, etc. SUITE 202
City & State PEMBROKE PINES, FL	City & State PEMBROKE PINES, FL
Zip 33028 / Country BROWARD	Zip 33028 / Country BROWARD

4. FEI Number 14-1880102 — 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
SCOTT, MARIA E 11960 WASHINGTON STREET PEMBROKE PINES, FL 33025	Name Street Address (P.O. Box Number is Not Acceptable) 12951 N. W. 1 ST SUITE 202 City PEMBROKE PINES FL Zip Code 33028

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 _____
Signature of Typed or Printed Name of Registered Agent — NOTE: Registered Agent signature required when resigning — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARPAZABAL, EDGAR J 11960 WASHINGTON STREET PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition EDGAR JORGE-LARRAZABAL 12951 N. W. 1 ST, #202 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARACT, ELIZABETH J 11960 WASHINGTON STREET PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ELIZABETH J. BARALT 12951 N. W. 1 ST., #202 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, MARIA ETH E 11960 WASHINGTON STREET PEMBROKE PINES, FL 33025 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 12951 N. W. 1 ST., #202 PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ELIZABETH BARALT — 04-25-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #