

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90144 005 ***150.00

DOCUMENT # P03000041856

1. Entity Name
STORY FILMS, INC.



Principal Place of Business
12951 NW 1 ST STE 202
PEMBROKE PINES, FL 33028

Mailing Address
12951 NW 1 ST STE 202
PEMBROKE PINES, FL 33028

40046016

2. Principal Place of Business - No P.O. Box #
609 E Sheridan

Suite, Apt. # etc

Ste. 207

City & State

Diana Beach, FL

Zip

33004

Country

USA

3. Mailing Address

609 E Sheridan

Suite, Apt. # etc

Ste. 207

City & State

Diana Beach, FL

Zip

33004

Country

USA

01292007

Chg-P

CR2E034 (12/06)

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

BARALT, ELIZABETH J
12951 NW 1 ST STE 202
PEMBROKE PINES, FL 33028

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

PD
NAME JORGE-LARRAZABAL, EDGAR
STREET ADDRESS 12951 NW 1 ST STE 202
CITY-STATE-ZIP PEMBROKE PINES, FL 33028 ☐ Delete

VD
NAME BARALT, ELIZABETH
STREET ADDRESS 12951 NW 1 ST STE 202
CITY-STATE-ZIP PEMBROKE PINES, FL 33028 ☐ Delete

TD
NAME SCOTT, MARIA ETH E
STREET ADDRESS 12951 NW 1 ST STE 202
CITY-STATE-ZIP PEMBROKE PINES, FL 33028 ☐ Delete

☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edgar R. Torrey 01-29-07