


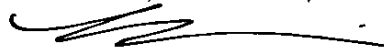


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000155144					
<b>1. Entity Name</b> STORYSIDE:B, INC.					
<b>Principal Place of Business</b> 24636 HARBOURVIEW DR. PONTE VEDRA BCH, FL 32082			<b>Mailing Address</b> 24636 HARBOURVIEW DR. PONTE VEDRA BCH, FL 32082		
<b>2. Principal Place of Business</b> 532 Colorado Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 532 Colorado Avenue Suite, Apt. #, etc.		FILED 05 OCT 14 PM 4: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
City & State Santa Monica, CA Zip 90401 Country USA		City & State Santa Monica, CA Zip 90401 Country USA		<b>4. FEI Number</b> 20-1900448 Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10102005 REIN-P CR2E098 (6/04)	
<b>6. Name and Address of Current Registered Agent</b> RUSHING, ROBERT K 24636 HARBOURVIEW DR. PONTE VEDRA BCH, FL 32082			<b>7. Name and Address of New Registered Agent</b> Name Lucio Rubino Street Address (P.O. Box Number is Not Acceptable) 3108 Coastal Highway City St. Augustine FL Zip Code 32084		
<b>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.</b>					
SIGNATURE  DATE <u>Oct 12, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBINO, LUCIO 3108 COASTAL HWY. ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800060627908 10/14/05--01055--008 **750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHILOWSKI, JORDAN 160 BOUGANVILLE DR. PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:  DATE <u>Oct 12, 2005</u> (310) 458-8860 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					