

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124630

FILED  
May 01, 2008  
Secretary of State

Entity Name: FISH STORY PRODUCTIONS, INC.

**Current Principal Place of Business:**

100 S ASHLEY DRIVE SUITE 1500  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

100 S ASHLEY DRIVE SUITE 1500  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 26-1797256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHUTTS & BOWEN, LLP  
ATTN: R. ALAN HIGBEE  
100 S ASHLEY DRIVE, SUITE 1500  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D ( ) Change (X) Addition  
Name: NICKERSON, GLENN  
Address: 3917 WEST TACON STREET  
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. ALAN HIGBEE, AUTHORIZED REPRESENTATIVE

AR

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date