

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070082 (9)

1. Corporation Name

STORYBOARD LOCATIONS, INC.



Principal Place of Business

7901 SW 36TH STREET
SUITE 100
DAVIE FL 33328

Mailing Address

7901 SW 36TH STREET
SUITE 100
DAVIE FL 33328

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/08/1995

3a. Date of Last Report

4. FLE Number

65-0610211

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARSON, WAYNE ESQUIRE
7901 SW 36TH STREET
SUITE 100
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0509, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer/Director)

(Signature of Registered Agent or Officer/Director)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE PD GRUBER, TERRY [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
7901 SW 36TH STREET, #100
DAVIE FL 33328

TITLE STD CARSON, WAYNE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
7901 SW 36TH STREET, #100
DAVIE FL 33328

TITLE D SLAVINSKY, ADAM [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
7901 SW 36TH STREET, #100
DAVIE FL 33328

TITLE D CARSON, ULRIKE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP
7901 SW 36TH STREET, #100
DAVIE FL 33328

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE [] Change [] Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

Wayne Carson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

954 452-0612

CR2E034 (12/95)