## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000099801 1. Entity Name ANIMATICS & STORYBOARDS, INC. Principal Place of Business 8137 LAKE CROWELL CIRCLE ORLANDO FL 32836 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.

## FILED Feb 13, 2000 8:00 am Secretary of State

02-13-2000 90018 048 \*\*\*150.00

PBBT ( BBA

UHLANDO FL 3	2836		ORLANDO FL 32836-3923				00011000	•			
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2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	PACE		
City & Stat	e		City & State			4. F	El Number <b>59-3422992</b>	22992 Applied For Not Applicable			
Zip	Country Zip Co		Coun	try	<b>5.</b> C	ertificate of Status Desired		8.75 Add	litional		
	and Address of Current F			7. Na	ame and Address of New Re						
					Name				-		
SIMON, MARK 8137 LAKE CROWELL CIRCLE						Street Address (P.O. Box Number is Not Acceptable)					
	ANDO FL 3										
					City			FL	Zip Cod	e 	
8. The above	named entit	y submits this statement for	the purpose of changing	g its register	ed office or registe	ered age	ent, or both, in the State of Flor	rida.			
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature requir	red when rein	nstating)	DATE			
					10.0450.00						
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! I  Tax filing requirement and elects to do so:  After MAY 1, 2000						<del></del>	10Election Campaign Fin	ancing	\$5.0	0₂May⋅Be	
	equirement a ia on back)	and elects to do so.==	After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of St				Trust Fund Contribution	ı. 🗆	Added	to Fees	
	a on backy				partificant of ot						
11.	OFFICERS AND DIRECTORS 12					ADE	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR		
TITLE	P Delete			TITL					Change	Addition	
NAME	SIMON, M			NAM	E						
STREET ADORESS	8137 LAK	E CROWELL CIRCLE		STRE	ET ADDRESS						
CITY-ST-ZIP	ORLANDO	) FL 32836		CITY	- ST-ZIP						
TITLE	V	,	☐ Delete	TITL					☐ Change	☐ Addition	
NAME	SIMON, JEANNE		E BSIGIS							_ {	
STREET ADDRESS				STREE							
CITY-ST-ZIP	ORLANDO FL 32836			CITY	-ST-ZIP						
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<ol> <li>13. I hereby of</li> </ol>	certify that th	e information supplied with	this filing does not qualif	v for the exe	motion stated in S	section 1	19.07(3)(i), Florida Statutes, I	turther cert	inv that the i	ntormation	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

1-31-00 407-370-267

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Daytime Phone #