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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

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Mar 19, 2001 8:00 am DOCUMENT # P96000099801 **Secretary of State** 1. Entity Name ANIMATICS & STORYBOARDS, INC. 03-19-2001 90001 045 ***150.00 Principal Place of Business Mailing Address 8137 LAKE CROWELL CIRCLE 8137 LAKE CROWELL CIRCLE ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3422992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SIMON, MARK Street Address (P.O. Box Number is Not Acceptable) 8137 LAKE CROWELL CIRCLE ORLANDO FL 32836 Zip Code City FI 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete ☐ Change ☐ Addition SIMON, MARK NAME STREET ADDRESS STREET ADDRESS 8137 LAKE CROWELL CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 TITLE Delete TITLE Change ☐ Addition NAME SIMON, JEANNE STREET ADDRESS STREET ADDRESS 8137 LAKE CROWELL CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.