

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90116 006 \*\*\*150.00

**DOCUMENT #** P98000084070

1. Entity Name

Storyline Inc

Principal Place of Business

Mailing Address

7551 Presidents Drive  
Suite 102  
Orlando FL 32809

2. Principal Place of Business

3. Mailing Address

SAME as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593536764

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jack Mcmullen  
Gray, Harris + Robinson  
201 E. Pine St  
Orlando FL 32802

Name

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

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FREE NOW! FEE \$15000**  
**After MAY 1, 2000 Fee will be \$25000**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Scott Kramer	
STREET ADDRESS	511 E. Lake Sue Ave	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE	William Duclos	<input type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	364 Woodstead Circle	
CITY-ST-ZIP	Longwood FL 32779	
TITLE	President	<input type="checkbox"/> Delete
NAME	Raul Deering	
STREET ADDRESS	1801 Windsor Dr	
CITY-ST-ZIP	Winter Park FL 32789	
TITLE	William E. Hires	<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS	505 Peachtree Rd	
CITY-ST-ZIP	Orlando FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 duties I am empowered.

**SIGNATURE:**  **Scott Kramer/Secretary** 407-240-0281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP-07/99/0000