

45070344
2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2001 8:00 am
Secretary of State

07-03-2001 90001 011 ***558.75

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DOCUMENT # P98000084070

1. Entity Name
STORYLINE, INC.

0468

Principal Place of Business Mailing Address
 7551 PRESIDENTS DR. 7551 PRESIDENTS DR.
 STE 102 STE 102
 ORLANDO FL 32809 ORLANDO FL 32809

554276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
PO Box 1359 PO Box 1359
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SORRENTO, FL SORRENTO, FL
 Zip Country Zip Country
32776 USA 32776 USA

4. FEI Number **59-3536764** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLEN, JACK K
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	S	<input checked="" type="checkbox"/> Delete
NAME	KRAMER, SCOTT B	
STREET ADDRESS	511 E. LAKE SVE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUCLOS, WILLIAM J	
STREET ADDRESS	364 WOOD STEAD CR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DEERING, PAUL	
STREET ADDRESS	1801 WINDSOR DR.	
CITY-ST-ZIP	WINTER PARK FL 32789	
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"/> 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	P, T, S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGER P. HOUBEN	
STREET ADDRESS	PO BOX 1359	
CITY-ST-ZIP	SORRENTO, FL 32776	
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 other like empowered.

SIGNATURE: ROGER HOUBEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 17, 2001
 Date

Daytime Phone #

CR2E034 (10/00)