

2000 UNIFORM BUSINESS REPORT (UBR)

PAGE 1 of 2

DOCUMENT # P-99000044728
1. Entity Name
STORYLINE PRODUCTIONS, INC.

Principal Place of Business Mailing Address
290 N. Shore DR.
MIAMI BEACH, FL. 33141

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0939707 Applied For Not Applicable

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

FILED

01 AUG -8 PM 3.29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DANIA GRAIBE
290 N. Shore DRIVE
MIAMI BEACH, FL. 33141

7. Name and Address of New Registered Agent
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 X Dania Graibe 4/26/01
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) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
(PRESIDENT) DANIA GRAIBE 290 N. Shore DR. MIAMI BEACH, FL. 33141
(VICE-PRESIDENT) HILARY FITCH 290 N. Shore DR. MIAMI BEACH, FL. 33141

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
400004548394-4
-08/22/01--01031--009
****308.75 ****308.75
06-014678

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: X Dania Graibe 4/26/01 3058688559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (9/99)