

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000044728

1. Entity Name

TORYLINE PRODUCTIONS, INC.



FILED

03 JUN -4 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

290 N. SHORE DR
MIAMI BEACH FL 33141

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GRAIBE, DANIA
290 N. SHORE DR
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dania Graibe

4/10/03

Signatures typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when filing statement.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAIBE, DANIA	
STREET ADDRESS	290 N. SHORE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	<input type="checkbox"/> Delete
NAME	FITCH, HILARY	
STREET ADDRESS	290 N. SHORE DR	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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06/11/03--01083--005 **158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Dania Graibe

4/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Date/Time

CR2E034 (10/02)

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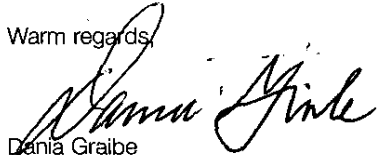
storylineproductionsinc.

Division of Corporations
Tyrone Scott
P.O. Box 6327
Tallahassee Florida, 32314

Dear Tyrone,

As per our conversation, I am sending you a new check for the 2003 Uniform Business Report. I mailed you a check on April 10th for \$150 (ck#1656), along with the form. My records indicate that the first check I sent to you has not yet gone through my account. After speaking with you we concluded my form was never received on your end. Therefore I am sending a new check (ck#1699) registered mail and I am requesting that the late fee be waived. I have enclosed the additional \$8.75 for the certificate of status. Thank you for your time in this manner.

Warm regards,



Dania Graibe
President, Storyline Productions Inc.