

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000018021

**Entity Name:** STORYLENS CORPORATION

**Current Principal Place of Business:**

101 SOUTH NEW YORK AVENUE  
309  
WINTER PARK, FL 32789

**Current Mailing Address:**

101 SOUTH NEW YORK AVENUE  
309  
WINTER PARK, FL 32789 US

**FEI Number:** 26-4334671

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BIRCH, ROBERT D  
317 CRISAN CT  
ORLANDO, FL 32824 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name WEAGRAFF, STEVE  
Address 101 SOUTH NEW YORK AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title VP  
Name DIFONZO, JOSEPH  
Address 213 MEADOW BEAUTY TERRACE  
City-State-Zip: SANFORD FL 21771

Title VP  
Name BIRCH, ROBERT D  
Address 317 CRISAN CT  
City-State-Zip: ORLANDO FL 32824

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVE WEAGRAFF

**PRESIDENT**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date