

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000099801

**Entity Name:** ANIMATICS & STORYBOARDS, INC.

**Current Principal Place of Business:**

8137 LAKE CROWELL CIRCLE  
ORLANDO, FL 32836

**Current Mailing Address:**

8137 LAKE CROWELL CIRCLE  
ORLANDO, FL 32836 LO

**FEI Number:** 59-3422992

**Certificate of Status Desired:** No

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

SIMON, MARK  
8137 LAKE CROWELL CIRCLE  
ORLANDO, FL 32836 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 SIMON, MARK  
Address 8137 LAKE CROWELL CIRCLE  
City-State-Zip: ORLANDO FL 32836

Title V  
Name SIMON, JEANNE  
Address 8137 LAKE CROWELL CIRCLE  
City-State-Zip: ORLANDO FL 32836

*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:** MARK SIMON

**PRESIDENT**

**02/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date