

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000021470

FILED
Apr 15, 2003
Secretary of State

Entity Name: TLD ENTERPRISES, INC.

Current Principal Place of Business:

525 EAST ROBINSON STREET
STE 5025
ORLANDO, FL 32801

New Principal Place of Business:

215 CELEBRATION PLACE
STE 500
CELEBRATION, FL 34747

Current Mailing Address:

1127 PT. NEWPORT TERR
#209
CASSELBERRY, FL 32707

New Mailing Address:

713 HONEYSUCKLE AVE.
CELEBRATION, FL 34747

FEI Number: 59-3500854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKERSON, M. JOSEPH
2020 W. BRANDON BLVD., STE. 206
BRANDON, FL 33511

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DICKERSON, TIMOTHY L
Address: 1127 POINTE NEWPORT TERRACE, #209
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DICKERSON, TIMOTHY L
Address: 713 HONEYSUCKLE AVE.
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY L. DICKERSON

PRES

04/15/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date