2902 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100003884 1. Entity Name TELEDIMENSIONS INTERNATIONAL INC.					FILED 02 NOV 20. PM 1: 54			
Principal Place of Business Mailing Address 5253 WOOSTER ROAD 5253 WOOSTER ROAD CINCINNATI OH 45226 CINCINNATI OH 45226				_	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F 525 Suite, Apt.		3. Mailing Address 5253 Wood Suite, Apt. #, etc.	ter Road		DE LA DO NORWAN	ENTHE SPACE	リー フフ	
City & Star Cin Ci Zip 452	nnati, OH		OH Country USA		Number 31-1780358 rtificate of Status Desired		Applied F Not Appli 5 Additional equired	icable
6. Name and Address of Current Registered Agent Name WILLIA CORPORATION SERVICE COMPANY					7. Name and Address of New Registered Agent AM APPLETON P.O. Box Number is Not Acceptable)			
8. The above	SSEE FL 32301-2525 named entity submits this statement for	ORLANDO	O., 200 S. ORANGE AVE - 23 RD FL. O FL Zip Code 32801 gistered agent, or both, in the State of Florida. I am familiar with, and accept				ccept	
the obligation	tions of registered agent. Signature, typed or printed name of registered agent an	WILLIAM APPI		A.G.C	. œ. //	-2/-02 DATE		-
19. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) This corporation is eligible to satisfy its Intangible After September 13, Make Check Payable This corporation is eligible to satisfy its Intangible After September 13, Make Check Payable This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. OFFICERS AND DIRECTORS			o Department of S	tate				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOO GOOSSENS, MARC 5253 WOOSTER ROAD CINCINNATI OH 45226	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUDI	HONS/CHANGES TO OFFI	CERS AND DIREC		noitippe CR2E034 (4/02)
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TITLE NAME STREET ADDRESS CITY_ST_ZIP	SD EL YORDI, AMIR 5253 WOOSTER ROAD -CINCINNATI OH 45226	☐ Delete	TITLE NAME STREET ADDRESS .CITY_ST_ZIP		Cus	8.76	nge □ Ad	dition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	-	
of the corp	certify that the information supplied with the onthis report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my sig ered to execute this report as re	onature shall have th	e same lega	al effect as it made under oa	ith that I am an o	fficer or direc	otor I

TRE PEAMINEET YORL

SIGNATURE:

10/9/02

(513) 784-9797