

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90420 030 ***150.00

DOCUMENT # P00000064140

1. Entity Name
TRI-DIMENSIONAL STUDIOS, CORPORATION



Principal Place of Business
**1505 N. FLORIDA AVENUE
 TAMPA, FL 33602**

Mailing Address
**P.O. BOX 172906
 TAMPA, FL 33672 US**



2. Principal Place of Business
7542 N. DALE MARRY HWY
 Suite, Apt. #, etc.
SUITE B
 City & State
TAMPA, FL
 Zip
33614 Country
U.S.A.

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3654904 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SCOLARO, KEVIN
 8432 QUARTER HORSE DRIVE
 RIVERVIEW, FL 33569**

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 **Wendy J. Scolaro**
 Signature, typed or printed name of registered agent and title if applicable.

04/21/04
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete SCOLARO, KEVIN J 8432 QUARTER HORSE DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SCOLARO, WENDY L 8432 QUARTER HORSE DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 5405 ALGERINE PLACE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SAME 5405 ALGERINE PLACE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **Wendy J. Scolaro, VP**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04 (813) 901-8000
 Date Daytime Phone #