

# 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 HAY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE B**

City & State

City & State

**TAMPA, FL**

Zip  
**33614**

Country  
**U.S.A.**

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

7. Name and Address of New Registered Agent

**SCOLARO, KEVIN  
8432 QUARTER HORSE DRIVE  
RIVERVIEW, FL 33569**

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.

(NOTE: Registered Agent signature required when reinstating)

*04/21/04*

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
SCOLARO, KEVIN J  
8432 QUARTER HORSE DRIVE  
RIVERVIEW, FL 33569** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAME  
5405 ALGERINE PLACE  
WESLEY CHAPEL, FL 33544** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SCOLARO, WENDY L  
8432 QUARTER HORSE DRIVE  
RIVERVIEW, FL 33569** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAME  
5405 ALGERINE PLACE  
WESLEY CHAPEL, FL 33544** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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 #