

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000064140

FILED
Apr 09, 2003
Secretary of State

Entity Name: TRI-DIMENSIONAL STUDIOS, CORPORATION

Current Principal Place of Business:

221 NORTH 12TH STREET
TAMPA, FL 33602

New Principal Place of Business:

1505 N. FLORIDA AVENUE
TAMPA, FL 33602

Current Mailing Address:

221 NORTH 12TH STREET
TAMPA, FL 33602

New Mailing Address:

P.O. BOX 172906
TAMPA, FL 33672 US

FEI Number: 59-3654904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOLARO, KEVIN
8432 QUARTER HORSE DRIVE
RIVERVIEW, FL 33569

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: CEO () Delete
Name: SCOLARO, KEVIN J
Address: 8432 QUARTER HORSE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: SCOLARO, WENDY L
Address: 8432 QUARTER HORSE DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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: WENDY L. SCOLARO

VP

04/09/2003

Electronic Signature of Signing Officer or Director

Date