5/1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State
05-14-2002 90208 006 ***158.75

DOCUMENT # P01000089282

1. Entity Name
~~ANIMATECH INC.~~
(Dimension 3 Studios)
DIMENSION3 STUDIOS INC.

NAME CHG

Principal Place of Business
2098 POLO GARDENS DR., #206
WELLINGTON FL 33414

Mailing Address
2098 POLO GARDENS DR., #206
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

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

4. FEI Number 65-1157669 | Applied For | Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~KINLEN, KRISTOPHER~~
~~10907 OAK BEND WAY~~
~~WELLINGTON FL 33414~~

7. Name and Address of New Registered Agent
Name: Kim Hansel
Street Address (P.O. Box Number is Not Acceptable)
10907 Oak bend Way
City Wellington FL Zip Code 33414

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.

SIGNATURE Kim Hansel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D KINLEN, KRISTOPHER 2098 POLO GARDENS DR., #206 WELLINGTON FL 33414	☐ Delete
D BANKS, ANGELA 2098 POLO GARDENS DR., #206 WELLINGTON FL 33414	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
Kinlen	☐ Change ☐ Addition
Kinlen, Angela	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE ON FILE Angela Kinlen 3/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #