FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000050058 (4)**

1. Corporation Name

EIGHTH DIMENSION, INC.

Principal Place of Business	Mailing Address
227 NORTH MAGNOLIA AVE ORLANDO FL 32801-1805 US	PO BOX 1909 ORLANDO FL 32802-1909 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27) 205
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 06/28/1994

3a. Date of Last Report: 04/27/1995

4. FEI Number: 59-3251420 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HAMILTON, S T III
122 NORTH ORANGE AVE
SUITE B/C
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: S. THOMAS HAMILTON, III

82 Street Address (P.O. Box Number is Not Acceptable): 924 NORTH MAGNOLIA AVENUE SUITE 317

83

84 City: ORLANDO FL 85 Zip Code: 32803-3854

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: S. THOMAS HAMILTON III, CFM — Signature, typed or printed name of registered agent and title, if applicable

S. Thomas Hamilton, III — Registered Agent signature (required when restyling)

DATE: 4/30/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCSV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CASSETTA, DAVID		1.2 NAME	
STREET ADDRESS	364 CELLO DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	DCTV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, WILLIAM J		2.2 NAME	
STREET ADDRESS	12 E HARVARD ST, STE B		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DVPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DONALDSON, MICHAEL		3.2 NAME	
STREET ADDRESS	721 OAK STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE	DVPS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LENTZ, GREG		4.2 NAME	
STREET ADDRESS	2114 DONEGAN PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	DVPD	☑ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HUFFMAN, MARCUS		5.2 NAME	
STREET ADDRESS	526 EAST PINE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE	DCP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, GERALD		6.2 NAME	
STREET ADDRESS	524 EAST CHURCH STREET, STE 1		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4.28.96 407.420 4669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #