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
227 NORTH MAGNOLIA AVE
ORLANDO FL 32801-1805
US

Mailing Address
PO BOX 1909
ORLANDO FL 32802-1909
US

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report: 04/27/1995

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)

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, 3 — Registered Agent signature required when resigning
4/30/96 — DATE

12. OFFICERS AND DIRECTORS

TITLE	DCSV	☐ DELETE
NAME	CASSETTA, DAVID	
STREET ADDRESS	364 CELLO DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	DCTV	☐ DELETE
NAME	CURTIS, WILLIAM J	
STREET ADDRESS	12 E HARVARD ST, STE B	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVPS	☐ DELETE
NAME	DONALDSON, MICHAEL	
STREET ADDRESS	721 OAK STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVPS	☐ DELETE
NAME	LENTZ, GREG	
STREET ADDRESS	2114 DONEGAN PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVPD	☑ DELETE
NAME	HUFFMAN, MARCUS	
STREET ADDRESS	526 EAST PINE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DCP	☐ DELETE
NAME	MITCHELL, GERALD	
STREET ADDRESS	524 EAST CHURCH STREET, STE 1	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.96 Date

407.420.4669 Daytime Phone #

CR2E034 (12/95)