

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095444

1. Entity Name

**DIMENSION TECHNOLOGIES MEDIA GROUP, INC.**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90073 011 \*\*\*150.00

Principal Place of Business <del>474 S. PIN OAK PLACE #100</del> <del>#100</del> <del>LONGWOOD FL 32779</del> <del>US</del>	Mailing Address 474 S. PIN OAK PLACE #100 <del>#100</del> LONGWOOD FL 32779 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4612 NE 20 AVE	3. Mailing Address 4612 NE 20 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ocala FL	City & State Ocala FL	4. FEI Number 59-3479060	Applied For Not Applicable
Zip 34479	Country USA	Zip 34479	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HEBEL, JAMES R  
 474 S. PIN OAK PLACE #100  
 LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name: JAMES R. HEBEL  
 Street Address (P.O. Box Number is Not Acceptable):  
 4612 NE 20 AVE  
 City: Ocala FL Zip Code: 34479

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: *James R. Hebel* (NOTE: Registered Agent signature required when reinstating) DATE: 1/5/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 P	<input type="checkbox"/> Delete
NAME HEBEL, DAVID R	
STREET ADDRESS <del>474 S. PIN OAK PL #100</del>	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE VST	<input type="checkbox"/> Delete
NAME HEBEL, JAMES R	
STREET ADDRESS 474 S PIN OAK PL #100	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID R. HEBEL	
STREET ADDRESS 4612 NE 20 AVE	
CITY-ST-ZIP OCALA FL 34479	
TITLE VST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES R. HEBEL	
STREET ADDRESS 4612 NE 20 AVE	
CITY-ST-ZIP OCALA FL 34479	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James R. Hebel* DATE: 1/5/00 DAYTIME PHONE #: 352-369-0930

CD02034 (0/000)