

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90126 047 ***150.00

DOCUMENT # P98000033117

1. Corporation Name

EIGHTH DIMENSION ENTERTAINMENT, INC.

Principal Place of Business
227 N. MAGNOLIA AVE., STE. 205
ORLANDO FL 32801

Mailing Address
227 N. MAGNOLIA AVE., STE. 205
ORLANDO FL 32801



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

59-3504248

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MITCHELL, GERALD L
227 N. MAGNOLIA AVE., STE. 205
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME MITCHELL, GERALD L
STREET ADDRESS 524 E. CHURCH ST., #1
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME DONALDSON, MICHAEL D
STREET ADDRESS 524 E. CHURCH ST., #1
CITY-ST-ZIP ORLANDO FL 32801

TITLE D
NAME CASSETTA, DAVID
STREET ADDRESS 364 CELLO DR.
CITY-ST-ZIP WINTER SPRINGS FL 32759

TITLE D
NAME CURTIS, WILLIAM J
STREET ADDRESS 12 E. HARVARD ST., #B
CITY-ST-ZIP ORLANDO FL 32803

TITLE D
NAME LENTZ, GREG
STREET ADDRESS 2114 DONEGAN PLACE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

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

Gerard L. Mitchell 4.12.99

407.420.4669
Daytime Phone #

CR2E034 (11/98)