

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033117

1. Entity Name
EIGHTH DIMENSION ENTERTAINMENT, INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3504248 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME MITCHELL, GERALD L
STREET ADDRESS 524 E. CHURCH ST., #1
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 416 E Harwood #4
CITY-ST-ZIP Orlando FL 32803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90114 038 ***550.00



DO NOT WRITE IN THIS SPACE

AY 2001/08

CR2E034 (5/01)

8. 27.01 407.420.4669
Date Daytime Phone #