

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90094 022 \*\*\*550.00

**DOCUMENT # P98000033117**

**1. Entity 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**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

**210**

Suite, Apt. #, etc.

**210**

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**

**7. Name and Address of New Registered Agent**

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

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. I am familiar with, and accept the obligations of registered agent.**

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 13, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE **P** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1412 Noble Place**  
 CITY-ST-ZIP **Orlando FL 32801**

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

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

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

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

TITLE **D** ☐ Delete  
 NAME **CURTIS, WILLIAM J**  
 STREET ADDRESS **416 E HARWOOD #4**  
 CITY-ST-ZIP **ORLANDO FL 32803**

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

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

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

TITLE ☐ Delete  
 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

**7.31.02 407.420.4669**

Date Daytime Phone #

CR2E034 (4/02)