

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000033117

1. Entity Name
EIGHTH DIMENSION ENTERTAINMENT, INC.



Principal Place of Business
227 N MAGNOLIA AVE, STE 205
210
ORLANDO, FL 32801

Mailing Address
227 N MAGNOLIA AVE, STE 205
210
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

05042004

Chg-P

CR2E034 (10/03)

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 _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, GERALD L	
STREET ADDRESS	1412 NOBLE PLACE	
CITY - ST - ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALDSON, MICHAEL D	
STREET ADDRESS	524 E. CHURCH ST., #1	
CITY - ST - ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSETTA, DAVID	
STREET ADDRESS	364 CELLO DR.	
CITY - ST - ZIP	WINTER SPRINGS, FL 32759	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, WILLIAM J	
STREET ADDRESS	416 E HARWOOD #4	
CITY - ST - ZIP	ORLANDO, FL 32803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENTZ, GREG	
STREET ADDRESS	2114 DONEGAN PLACE	
CITY - ST - ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Delete
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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05/07/04-80002-002 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.3.04

Date

4074204669

Daytime Phone #