2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033117

LENTZ, GREG

2114 DONEGAN PLACE

ORLANDO, FL 32803

Name:

Address:

City-St-Zip:

Entity Name: EIGHTH DIMENSION ENTERTAINMENT, INC.

FILED Jul 13, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
227 N. MAC 210 ORLANDO	GNOLIA AVE., , FL 32801	STE.210					
Current Mailing Address:				New Mailing Address:			
227 N. MAGNOLIA AVE.,STE.210 210 ORLANDO, FL 32801				P.O. BOX 1909 210 ORLANDO, FL 32802			
FEI Number:	59-3504248	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certifica	ate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MITCHELL, GERALD L 227 N. MAGNOLIA AVE.,STE.210 ORLANDO, FL 32801 US				MITCHELL, GERARD L 54 NORTH ORANGE AVENUE ORLANDO, FL 32801 US			
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: GERARD MITCHELL				07/13/2008			
Electronic Signature of Registered Agent							Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () MITCHELL, GER 2800 DELLWOO ORLANDO, FL	DD DRIVE		Title: Name: Address: City-St-Zip:	P MITCHELL, P.O. BOX 19 ORLANDO,	909	() Addition
Title: Name: Address: City-St-Zip:	D () DONALDSON, N P.O. BOX 1909 ORLANDO, FL			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	D () CASSETTA, DAV 364 CELLO DR. WINTER SPRIN			Title: Name: Address: City-St-Zip:	D CASSETTA, P.O. BOX 19 ORLANDO,	909	() Addition
Title: Name: Address: City-St-Zip:	D () CURTIS, WILLIA 416 E HARWOO ORLANDO, FL	DD #4		Title: Name: Address: City-St-Zip:	D CURTIS, WI P.O. BOX 19 ORLANDO,	909	() Addition
Title:	D ()	Delete		Title:	D	(X) Change	() Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LENTZ, GREG

P.O. BOX 1909

ORLANDO, FL 32802

SIGNATURE: GERARD MITCHELL PRES 07/13/2008