AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 OCT -7 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S 66085

1. Entity Name

HOLOGRAPHIC DIMENSIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7503 NW 36th St	2855 Lawrenceville-Suwanee Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 760-325
City & State: MIAMI FL	City & State: SUWANEE, GA
Zip: 33166 Country: Dade, FL	Zip: 30024 Country: Gwinnett

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0269786 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: DIANA NAJEM

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

12157 W. LINEBAUGH AVE # 180

City: TAMPA FL Zip Code: 33626

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: Diana Najem 10/11/2003

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE →	P/T/S/D/C/M President/CEO
NAME	TONI DAHER
STREET ADDRESS	2855 LAWRENCEVILLE-SUWANEE Rd
CITY-ST-ZIP	~~SUWANEE, GA 30024~~ Suite 760-325 SUWANEE, GA 30024
TITLE	
NAME	TONI DAHER
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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CR2E084B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Toni Daher 10/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #