

# SECURITIES AND EXCHANGE COMMISSION

## FORM 4

Statement of changes in beneficial ownership of securities

Filing Date: **1999-09-10** | Period of Report: **1999-08-31**  
SEC Accession No. **0000893877-99-000602**

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### SUBJECT COMPANY

#### **3DSHOPPING COM**

CIK: **1081920** | IRS No.: **954594029** | State of Incorporation: **CA** | Fiscal Year End: **0630**  
Type: **4** | Act: **34** | File No.: **001-15161** | Film No.: **99709734**  
SIC: **7389** Business services, nec

Mailing Address  
517 BOCCACCIO AVENUE  
VENICE CA 90291

Business Address  
517 BOCCACCIO AVENUE  
VENICE CA 90291  
3103016733

### REPORTING OWNER

#### **VITAMANTE ROBERT J**

CIK: **1094809**  
Type: **4**

Mailing Address  
517 BOCCACCITO AVE  
VENICE CA 90291

Business Address  
517 BOCCACCITO AVE  
VENICE CA 90291  
8189993472

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OMB APPROVAL  
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OMB Number 3235-0287  
Expires: September 30, 1998  
Estimated average burden  
hours per response ..... 0.5  
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U.S. SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

FORM 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
Section 17(a) of the Public Utility Holding Company Act of 1935 or  
Section 30(f) of the Investment Company Act of 1940

[ ] Check this box if no longer subject of Section 16. Form 4 or Form 5  
obligations may continue. See Instruction 1(b).

=====  
1. Name and Address of Reporting Person\*

Vitamante                                  Robert                                  J.  
-----  
(Last)    (First)    (Middle)

517 Boccaccio Avenue

-----  
(Street)

Venice    CA    90291  
-----  
(City)    (State)    (Zip)

=====  
2. Issuer Name and Ticker or Trading Symbol

3Dshopping.com (DDDS)

=====  
3. IRS or Social Security Number of Reporting Person (Voluntary)

=====  
4. Statement for Month/Year

August 99

=====  
5. If Amendment, Date of Original (Month/Year)

=====  
6. Relationship of Reporting Person to Issuer  
(Check all applicable)

[ ] Director    [ ] 10% Owner  
[ X ] Officer (give title below)                                  [ ] Other (specify below)

President, Chief Operating Officer and Acting Chief  
Financial Officer  
-----

=====  
7. Individual or Joint/Group Filing (Check applicable line)

[ X ] Form filed by one Reporting Person  
[ ] Form filed by more than one Reporting Person

=====  
Table I -- Non-Derivative Securities Acquired, Disposed of,  
or Beneficially Owned  
=====

<TABLE>  
<CAPTION>

2.	3.	4.	5.	6.	7.
Transaction Code	Transaction Code	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Amount of Securities Beneficially Owned at End	Owner- ship Form: Direct (D) or	Nature of Indirect

1. Title of Security (Instr. 3)	Transaction Date (mm/dd/yy)	(Instr. 8) Code	V	Amount	(A) or (D)	Price	of Month (Instr. 3 and 4)	Indirect (I) (Instr.4)	Beneficial Ownership (Instr. 4)
<S> Common Stock	<C> 08/19/99	<C> P	<C>	<C> 1,000	<C> A	<C> \$8.000	<C>	<C> Direct	<C>
Common Stock	08/19/99	P		1,000	A	\$8.125	2,000	Direct	

</TABLE>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the Form is filed by more than one Reporting Person, see Instruction 4(b) (v).

FORM 4 (continued)

Table II -- Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<TABLE>  
<CAPTION>

1. Title of Derivative Security (Instr. 3)	2. Conver- sion of Exer- cise Price of Deriv- ative Secur- ity	3. Trans- action Date (Month/ Day/ Year)	4. Trans- action Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Deriv- ative Secur- ity (Instr. 5)	9. Number of Deriv- ative Secur- ities Bene- ficially Owned at End Month (Instr. 4)	10. Owner- ship of Deriv- ative Secur- ity: Direct (D) or In- direct (I) (Instr. 4)	11. Nature of In- direct Bene- ficial Owner- ship (Instr. 4)
<S>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>	<C>

</TABLE>

Explanation of Responses:

ROBERT J. VITAMANTE

September 8, 1999

-----  
\*\*Signature of Reporting Person

-----  
Date

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, see Instruction 6 for procedures.

Potential persons who are to respond to the collection of information in this form are not required to respond unless the form displays a currently valid OMB Number.

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