

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90067 026 ***150.00

DOCUMENT # P98000024332

1. Entity Name

EXODUS ENTERTAINMENT, INC.

Principal Place of Business

1521 ALTON RD., SUITE 186
 MIAMI BCH FL 33139

Mailing Address

1521 ALTON RD., SUITE 186
 MIAMI, BCH FL 33139-3301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0823557

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHATZ, RICHARD E
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DCOB	<input type="checkbox"/> Delete
NAME	BROOKS, MARK	
STREET ADDRESS	1521 ALTON RD., SUITE 186	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	DP	<input type="checkbox"/> Delete
NAME	CLARK, JOHN M III	
STREET ADDRESS	1521 ALTON RD., SUITE 186	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RINGSTEAD, GEOFFREY	
STREET ADDRESS	1521 ALTON RD., SUITE 186	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PARRAS, DIANE A	
STREET ADDRESS	1521 ALTON RD., SUITE 186	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JOHN M. CLARK, III** PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00
 Date

305 798-8414
 Daytime Phone #