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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33051

1. Corporation Name
FOCUS ENTERTAINMENT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
505 PEACHTREE STREET. N.E. ATLANTA GA 30308	505 PEACHTREE STREET. N.E. ATLANTA GA 30308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 02/19/1991

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 58-2330633	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, MICHAEL S		1.2 NAME		
STREET ADDRESS	3435 KINGSBORO RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRY, JOHN		2.2 NAME		
STREET ADDRESS	684 JOHN WESLEY DOBBS		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30312		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELLINGTON, STEVE		3.2 NAME		
STREET ADDRESS	684 JOHN WESLEY DOBBS		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30312		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANTONIOU, NIKOLAUS		4.2 NAME		
STREET ADDRESS	3435 KINGSBORO RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30326		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRIETO, HECTOR A		5.2 NAME		
STREET ADDRESS	3777 PEACHTREE RD, #318		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30319		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KASSON, MICHAEL J		6.2 NAME		
STREET ADDRESS	6909 KNOLLWOOD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MORROW GA 30260		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael J. Kasson 1/22/99 404-253-1112 x237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #