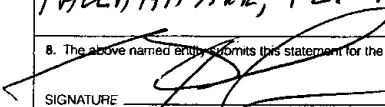
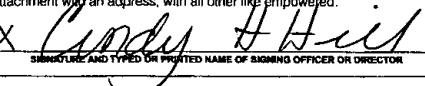


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP -6 AM 9: 25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001163			
1. Entry Name GRIZZARD COMMUNICATIONS GROUP, INC.			
Principal Place of Business 229 BEACHTHARVE STREET SUITE 900 ATLANTA, GA. 30303		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country W
4. FEI Number 13-4103122		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL. 32301		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. BRIAN COURTNEY, ASST. VP. SIGNATURE:  DATE: 9/7/01 <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN J. JEREMY BARBERA 333 SEVENTH AVE, 20TH FLOOR NEW YORK, N.Y. 10001	<input type="checkbox"/> Change <input type="checkbox"/> Addition	000004597670-1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MICHAEL D. DZUONIK 229 BEACHTHARVE STN. STE 900 ATLANTA, GA 30303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	-09/19/01--01006--028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NEXTRAL AMSTIN 229 BEACHTHARVE STN, STE 900 ATLANTA, GA 30303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	***550.00 ***550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CLAUDE H. GRIZZARD, JR. 229 BEACHTHARVE STN, STE 900 ATLANTA, GA. 30303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. DUNY HOWARD 333 SEVENTH AVE, 20TH FLOOR NEW YORK, N.Y. 30303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CINDY HILL 229 BEACHTHARVE STE 900 NEW YORK, NY 30303	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SP
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: 		Date: 7/20/01 (917)339-7134	

CP 11/00