## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000003967

Entity Name: FOCUS INTERACTIVE, INC.

FILED Jul 16, 2004 Secretary of State

ONE BRIDGE ST.

IRVINGTON, NY 10533

ONE BRIDGE ST.

SUITE 42

IRVINGTON, NY 10533

Current Mailing Address: New Mailing Address:

ONE BRIDGE ST. 5858 HORTON STREET IRVINGTON, NY 10533 SUITE 350 EMERYVILLE, CA 94608

FEI Number: 06-1541603 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD ( ) Delete Title: P (X) Change ( ) Addition

Name:DAUGHERTY, F. WILLIAMName:BERKOWITZ, STEVENAddress:ONE BRIDGE ST.Address:5858 HORTON STREET, SUITE 350

City-St-Zip: IRVINGTON, NY 10533 City-St-Zip: EMERYVILLE, CA 94608

Title: CPD ( ) Delete Title: VD (X) Change ( ) Addition Name: STEINMAN, JONES Name: SORDELLO, STEVEN

 Address:
 ONE BRIDGE ST.
 Address:
 5858 HORTON STREET, SUITE 350

 City-St-Zip:
 IRVINGTON, NY 10533
 City-St-Zip:
 EMERYVILLE, CA 94608

Title: S () Delete Title: SD (X) Change () Addition Name: STEIN, MARK Name: ROBERTSON, BRETT

Address: ONE BRIDGE ST. Address: 5858 HORTON STREET, SUITE 350
City-St-Zip: IRVINGTON, NY 10533 City-St-Zip: EMERYVILLE, CA 94608

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Title:
 D
 (X) Delete
 Title:

 Name:
 AUSTRIAN, NEIL
 Name:

 Address:
 ONE BRIDGE ST.
 Address:

 City-St-Zip:
 IRVINGTON, NY 10533
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN SORDELLO VD 07/16/2004