


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90038 042 \*\*\*550.00

<b>DOCUMENT # F04000001918</b> 1. Entity Name SOUL CIRCUS, INC.	
---	---

Principal Place of Business 510 WHITEHALL STREET SUITE A ATLANTA, GA 30303	Mailing Address C/O BRISKIN & ASSOCIATES, L.C. 1001 CAMBRIDGE SQUARE, STE. D ALPHARETTA, GA 30004
---	--

**DO NOT WRITE IN THIS SPACE**

03222008 No Chg-P CR2E034 (11/05)

4. FEI Number  
36-4133406

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER, CEDRIC G DP 510 WHITEHALL STREET, SUITE A ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALKER, CYNTHIA DT 510 WHITEHALL STREET, SUITE A ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MURPHY, PAULA D DPS 510 WHITEHALL STREET, SUITE A ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DAVIS, JACKIE DV 510 WHITEHALL STREET, SUITE A ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paula D. Murphy 4/11/08 (404) 588-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #