

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90142 008 ***150.00

DOCUMENT # F95000003166
 1. Entity Name
OVERLOOK COMMUNICATIONS INTERNATIONAL CORPORATIO

Principal Place of Business 2839 PACES FERRY RD., #500 ATLANTA GA 30339	Mailing Address 2839 PACES FERRY RD., #500 ATLANTA GA 30339-5732
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1325 NORTHMEADOW PKWY	3. Mailing Address 1325 Northmeadow PKWY
Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
City & State Roswell, Ga	City & State Roswell, Ga
Zip 30076	Country FULTON

4. FEI Number 58-2028264	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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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	
TITLE ST	<input type="checkbox"/> Delete
NAME DELANEY, PATRICK	
STREET ADDRESS 2839 PACES FERRY RD., #500	
CITY-ST-ZIP ATLANTA GA	
TITLE PD	<input type="checkbox"/> Delete
NAME RAVILLE, STEPHEN	
STREET ADDRESS 2839 PACES FERRY RD., #500	
CITY-ST-ZIP ATLANTA GA	
TITLE 1	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1325 NORTHMEADOW PKWY, SUITE 110	
CITY-ST-ZIP ROSSELL, GA 30076	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 1325 NORTHMEADOW PKWY, SUITE 110	
CITY-ST-ZIP ROSSELL, GA 30076	
TITLE VICEDIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PETER ALEXANDER	
STREET ADDRESS 1325 NORTHMEADOW PKWY, SUITE 110	
CITY-ST-ZIP ROSSELL, GA 30076	
TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARD TALEY	
STREET ADDRESS 1325 NORTHMEADOW PKWY, SUITE 110	
CITY-ST-ZIP ROSSELL, GA 30076	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE CFO/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME J. MICHAEL HIGHLAND	
STREET ADDRESS 1325 NORTHMEADOW PKWY, SUITE 110	
CITY-ST-ZIP ROSSELL, GA 30076	

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: J. MICHAEL HIGHLAND 1/24/00 (770) 432-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #