

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000006620

Entity Name: FOCUS COMMUNICATIONS, INC.

FILED  
Jun 18, 2008  
Secretary of State

## Current Principal Place of Business:

526 W. BLUERIDGE AVE.  
ORANGE, CA 92865

## New Principal Place of Business:

## Current Mailing Address:

526 W. BLUERIDGE AVE.  
ORANGE, CA 92865

## New Mailing Address:

FEI Number: 33-0520167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIBBONS, CHRISTOPHER J  
Address: 526 W. BLUERIDGE AVE.  
City-St-Zip: ORANGE, CA 92865

Title: V ( ) Delete  
Name: LYNCH, TIMOTHY H  
Address: 526 W. BLUERIDGE AVE.  
City-St-Zip: ORANGE, CA 92865

Title: C ( ) Delete  
Name: FINIZIO, ANTHONY  
Address: 526 W. BLUERIDGE AVE.  
City-St-Zip: ORANGE, CA 92865

Title: VM ( ) Delete  
Name: JORDAN, ROBERT W  
Address: 526 W. BLUERIDGE AVE  
City-St-Zip: ORANGE, CA 92865

Title: V ( ) Delete  
Name: MCINTYRE, ANTHONY  
Address: 526 W. BLUERIDGE AVE.  
City-St-Zip: ORANGE, CA 92865

Title: TS ( ) Delete  
Name: LUNGO, ROBERT  
Address: 526 W. BLUERIDGE AVE.  
City-St-Zip: ORANGE, CA 92865

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MCINTYRE, DANIEL  
Address: 526 W. BLUERIDGE AVE.  
City-St-Zip: ORANGE, CA 92865

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTOPHER J. GIBBONS

P

06/18/2008

Electronic Signature of Signing Officer or Director

Date