FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN 30 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39682** **(0)**

1. Corporation Name
MOUNTASIA ENTERTAINMENT INTERNATIONAL, INC.

Principal Place of Business
5895 WINDWARD PARKWAY, SUITE 220
ALPHARETTA GA 30202-4182

Mailing Address
5895 WINDWARD PARKWAY, SUITE 220
ALPHARETTA GA 30202-6805

3. Date Incorporated or Qualified: **07/17/1992**
3a. Date of Last Report: **08/13/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **58-1949379** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
B1 Name: CT Corporation System
B2 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
B3
B4 City: Plantation FL B5 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John J. Masters, Asst. Sec. 1/21/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PC	DEMERAU, L. SCOTT	5895 WINDWARD PARKWAY, SUITE 220	ALPHARETTA GA 30202-4182	☐
VD	DEMERAU, JULIA E	5895 WINDWARD PARKWAY, SUITE 220	ALPHARETTA GA 30202-4182	☑
SVP	HENDERSON, BETTY M	5895 WINDWARD PARKWAY, SUITE 220	ALPHARETTA GA 30202-4182	☐
VPT	TRAVIS, ANN C	5895 WINDWARD PARKWAY, SUITE 220	ALPHARETTA GA 30202-4182	☐
VPD	WATERS, GREGORY N	5895 WINDWARD PARKWAY, SUITE 220	ALPHARETTA GA 30202-4182	☑
VP	GRISSOM, KENNETH R	5895 WINDWARD PARKWAY, SUITE 220	ALPHARETTA GA 30202-4182	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Scott Demerau			☑	☐
CEO	Robert Whitman	5895 Windward Pkwy Ste 220	Alpharetta, GA 30202	☐	☑
				☐	☐
				☐	☐
CFO	Richard Fitzpatrick	5895 Windward Pkwy Ste 220	Alpharetta, GA 30202	☐	☐
				☐	☐

300002074103--6
-01/30/97--01086--013
****165.00 ****165.00

MWB

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann Travis Ann Travis 1/30/97 770-442-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)