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	Mailing Address
5895 WINDWARD PARKWAY, SUITE 220 ALPHARETTA GA 30202-4182	5895 WINDWARD PARKWAY, SUITE 220 ALPHARETTA GA 30202-8805

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

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 100 South Pine Island Rd
83:
84 City: Plantation FL 85 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 L. Masters, Asst. Sec. DATE: 1/21/97
Signature typed or printed must be that of the current or newly designated registered agent. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	☐ DELETE	11 TITLE	☑ Change ☐ Addition
NAME	DEMERAU, L. SCOTT		12 NAME	Scott Demerau
STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220		13 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		14 CITY-ST-ZIP	
TITLE	VD	☑ DELETE	21 TITLE	CEO ☐ Change ☑ Addition
NAME	DEMERAU, JULIA E		22 NAME	Robert Whitman
STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220		23 STREET ADDRESS	5895 Windward Pkwy Ste 220
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		24 CITY-ST-ZIP	Alpharetta, GA 30202
TITLE	SVP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, BETTY M		32 NAME	
STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220		33 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		34 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TRAVIS, ANN C		42 NAME	
STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220		43 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		44 CITY-ST-ZIP	
TITLE	VPD	☑ DELETE	51 TITLE	CFO ☐ Change ☐ Addition
NAME	WATERS, GREGORY N		52 NAME	Richard Fitzpatrick
STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220		53 STREET ADDRESS	5895 Windward Pkwy Ste 220
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		54 CITY-ST-ZIP	Alpharetta, GA 30202
TITLE	VP	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	GRISSOM, KENNETH R		62 NAME	
STREET ADDRESS	5895 WINDWARD PARKWAY, SUITE 220		63 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30202-4182		64 CITY-ST-ZIP	

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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 #