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
98 JUL -7 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000057832 (3)

1. Corporation Name
NEW FOCUS FILMS, INC.

REINSTATEMENT 1798

Principal Place of Business	Mailing Address
36370 US HIGHWAY 19 NORTH PALM HARBOR FL 34684	36370 US HIGHWAY 19 NORTH PALM HARBOR FL 34684-1328

3. Date Incorporated or Qualified: 07/08/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21 36402 US Highway 19 N
Suite, Apt. #, etc.
22
City & State
23 Palm Harbor, Florida
Zip 24 34684 Country 25 Pinellas

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

4. FEI Number: 59-3409087 ☐ 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

DECKELMAN, ARTHUR D
36370 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name: ARTHUR D. DECKELMAN
82 Street Address (P.O. Box Number is Not Acceptable): 36402 US Highway 19 North
83
84 City: Palm Harbor, FL 85 Zip Code: 34684

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: Arthur D. Deckelman — 7-7-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DECKELMAN, ARTHUR D		1.2 NAME	800002589878--6
STREET ADDRESS	36370 US HIGHWAY 19 NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684		1.4 CITY-ST-ZIP	-07/15/98--01068--015
TITLE	D	☐ DELETE	2.1 TITLE	****308.75 ****308.75 ☐ Addition
NAME	CARON, JAMES D		2.2 NAME	
STREET ADDRESS	105 PINEAPPLE TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WECKERLE, JOSEPH A III		3.2 NAME	
STREET ADDRESS	2006 GERDA TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, G. MALLORY JR		4.2 NAME	
STREET ADDRESS	246 TOLLGATE TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Arthur D. Deckelman — 7-7-98