2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$33051** Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** FOCUS ENTERTAINMENT INTERNATIONAL, INC. 03-21-2000 90097 018 ***158.75 Mailing Address Principal Place of Business 505 PEACHTREE STREET, N.E. 505 PEACHTREE STREET, N.E. ATLANTA GA 30308-3108 ATLANTA GA 30308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-2330633 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zin 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE MORRISON, MICHAEL S NAME NAME 127 W. PACES FERRY RD STREET ADDRESS 3435 KINGSBORO RD. STREET ANDRESS CITY-ST-ZIP ATLANTA, GA 303:05 CITY-ST-ZIP ATLANTA GA 30326 Change Addition 🔀 Delete TITLE TITLE FRY, JOHN CLABANGN, ERIK NAME NAME STREET ADDRESS 707 BAYLISE DRIVE STREET ADDRESS 684 JOHN WESLEY DOBBS CITY-ST-ZIP CITY-ST-ZIP MARIETTA, GA 30068 ATLANTA GA 30312 Addition **Change** ☐ Delete TITLE TITLE PRIETO, HECTOR A NAME 2570 NORTHSIPE DR STREET ADDRESS STREET ADDRESS 3777 PEACHTREE RD, #318 ATLANTA, GA 30305 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30319 ☐ Change Addition Delete TITLE TITLE KASSON, MICHAEL J SLOTT, BOBBY NAME 200 RENAISSANCE PKY, Suite 312 STREET ADDRESS STREET ADDRESS 6909 KNOLLWOOD DR. CITY-ST-ZIP CITY-ST-7IP MORROW GA 30260 ATLANTA, GA 30308 ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 direct like empowered.

SIGNATURE:

CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR URE AND TYPED OR PRIN

404-253-1112