

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # S33051**1. Entity Name
FOCUS ENTERTAINMENT INTERNATIONAL, INC.**Principal Place of Business**

505 PEACHTREE STREET, N.E.

ATLANTA
30308

GA

Mailing Address

505 PEACHTREE STREET, N.E.

ATLANTA
30308

GA

2. Principal Place of Business

1739 CHESHIRE BRIDGE RD.

3. Mailing Address

1739 CHESHIRE BRIDGE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ATLANTA

GA

City & State

ATLANTA

GA

Zip
30324

Country

Zip
30324

Country

4. FEI Number**58-2330633**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****C T CORPORATION SYSTEM**
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/23/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT BOBBY	
STREET ADDRESS	200 RENAISSANCE PKWY STE 312	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRIETO HECTOR A	
STREET ADDRESS	2570 NORTHSIDE DR	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	S	<input type="checkbox"/> Delete
NAME	CLAGANGH ERIK	
STREET ADDRESS	707 BAYLISS DR	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	MORRISON MICHAEL S	
STREET ADDRESS	127 W PACES FERRY RD	
CITY-ST-ZIP	ATLANTA GA 30305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLABAUGH ERIK	
STREET ADDRESS	707 BAYLISS DR	
CITY-ST-ZIP	MARIETTA GA 30068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 other like empowered.

SIGNATURE: Michael S. Morrison

PDT

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)