

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 GA 30308	Mailing Address 505 PEACHTREE STREET, N.E. ATLANTA GA 30308
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2. Principal Place of Business 1739 CHESHIRE BRIDGE RD.	3. Mailing Address 1739 CHESHIRE BRIDGE RD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ATLANTA GA	City & State ATLANTA GA
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Zip 30324	Country	Zip 30324	Country
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4. FEI Number 58-2330633	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL
 33324 US

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 _____ **02/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT BOBBY <input type="checkbox"/> Delete 200 RENAISSANCE PKWY STE 312 ATLANTA GA 30308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIETO HECTOR A <input type="checkbox"/> Delete 2570 NORTHSIDE DR ATLANTA GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAGANGH ERIK <input type="checkbox"/> Delete 707 BAYLISS DR MARIETTA GA 30068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MORRISON MICHAEL S <input type="checkbox"/> Delete 127 W PACES FERRY RD ATLANTA GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLABAUGH ERIK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 707 BAYLISS DR MARIETTA GA 30068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)