2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P94000013787 COUNTY LINE VIDEO INC. Mailing Address Principal Place of Business 170 MARINER BLVD. 15324 LANCER RD. SPRING HILL, FL 34609 SPRING HILL, FL 34610 US CR2E034 (11/05) 02232006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3228170 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BINDER, KAYE DO NOT WRITE 15324 LANCER ROAD SPRING HILL, FL 34610 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. BINDER, KAYE NAME 15324 LANCER RD. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34610 TITLE U00000539096 05/09/06-80086-015 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Date Daylima Phone #