## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS** 

A31929 DOCUMENT #

1. Name of Limited Partnership

WJB VIDEO LIMITED PARTNERSHIP

FILED .

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DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DATE 9-17-04 Telephone Number 214 854-3000

2. Principal Office Address 1201 ELM STREET		3. Mailing Office Address C/O MARILYN R. POST			4. Date Formed or Registered To Do Business in Florida 8/31/91			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1201 ELM STREET			<b>5.</b> FEI Number 57-0848914		Applied For Not Applicable	
City & State DALLAS, TX		City & State DALLAS, TX			6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
<sup>Zip</sup> 75270	Country .	Zip Country 75270			7a. Capital Contributions as shown on Record:  0.00  7b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent					-0-			
Name The Prentice-Hall Corporation System, Inc.					FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for <u>each year due</u> this office.  2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 catendar year.  3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is definquent.</u> Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
Street Address (P.O. Box Number is Not Acceptable) -1201 Hays Street								
Suite, Apt. #, Etc.								
Tallahassee State Zip Code FL 32301								
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section \$20.192. Florida statutes.  Brian Courtney  Asst. V. Pres.  DATE								
A GENERAL PARTNER THAT/IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								
MUST BE REGISTERED AND ACTIVE W Address of Each General Partner					A. Projetration			
10. Name(s) of G	Name(s) of General Partner(s)  (Do NOT Use Post Office Box Number			City, State and Zip Code		10a.	Document Number	
Blockbuster Inc.		1201 Elm Street		Dallas, TX 75270		F98000005573		
Atlantic Associates, Inc.		1201 Elm Street		Da1	Dallas, TX 75270		F93000004296	
					700041	453	3337	
,					NSTATEMEN'	20	01-04	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report-as required by chapter 620, Florida Statutes.								

Marilyn R. Post, VP and Secretary



FILEU

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ACCOUNT NO.

072100000032

DIVIDION OF CORPORATIONS

REFERENCE

905260

5020 ALLAHASSEE, FLORIDA

AUTHORIZATION

COST LIMIT

ORDER DATE :

September 28, 2004

ORDER TIME : 1:39 PM

ORDER NO. : 905260-005

CUSTOMER NO: 5020532

CUSTOMER:

Pam Massey

Blockbuster Inc.

Suite 2100

1201 Elm Street Dallas, TX 75270

NAME:

WJB VIDEO LIMITED PARTNERSHIP

XX\_ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS