


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000004491 1. Entity Name MOVIE GALLERY US, INC.	
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Principal Place of Business 900 WEST MAIN STREET DOTHAN, AL 36301	Mailing Address 900 WEST MAIN STREET DOTHAN, AL 36301
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DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1461110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MALUGEN, JOE T 900 WEST MAIN STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCOV TODD, S. PAGE 900 WEST MAIN STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO STUBBS, JEFFREY S 900 WEST MAIN STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP STEEVES, CRAIG 900 WEST MAIN STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HERRING, CURRY M 900 WEST MAIN STREET DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/04/05-80106-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 334-834-2724
Date Daytime Phone #