


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000005578 1. Entity Name VIDEO WAREHOUSE OF PANAMA INC.	
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Principal Place of Business 100 N TINDALL PARKWAY PANAMA CITY, FL 32404	Mailing Address 217 S MADISON AVENUE DOUGLAS, GA 31533
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02212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0481149	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VIDEO WAREHOUSE OF TALLAHASSEE INC. 615 UNIVERSAL DRIVE TALLAHASSEE, FL 32303
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000067507
02/27/04-80002-020 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT PRYOR, GERALD H 1207 CIRCLE DRIVE DOUGLAS, GA 31533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRIFFIN, KEVIN S PINENEEDLE DRIVE DOUGLAS, GA 31535
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUMKER, REBECCA 101 TUXEDO ROAD DOUGLAS, GA 31533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 Date Daytime Phone #