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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002819 (0)

1. Corporation Name
BLOCKBUSTER PARK, INC.

Principal Place of Business
200 S. ANDREWS AVE
FT LAUDERDALE FL 33301

Mailing Address
200 S. ANDREWS AVE
FT LAUDERDALE FL 33301-1864



3. Date Incorporated or Qualified 05/27/1994
3a. Date of Last Report 04/30/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1201 Elm Street	26 SAME	65-0495306	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Dallas, TX	28	<input type="checkbox"/>	
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 75270	25 USA	29	30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, BILL	1.2 NAME	
STREET ADDRESS	200 S. ANDREWS AVE	1.3 STREET ADDRESS	1201 Elm Street
CITY-ST-ZIP	FT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Dallas, TX 75270
TITLE	EVP	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKINS, THOMAS W	2.2 NAME	Ex. V.P. Gary Johnson
STREET ADDRESS	200 S. ANDREWS AVE	2.3 STREET ADDRESS	1201 Elm St.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Dallas, TX 75270
TITLE	EVP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEETWOOD, ROBERT	3.2 NAME	Ex. V.P. Adam Phillips
STREET ADDRESS	200 S. ANDREWS AVE	3.3 STREET ADDRESS	1201 Elm St.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Dallas, TX 75270
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D'AMBROSIO, THOMAS	4.2 NAME	Ex. V.P. Mark Gilman
STREET ADDRESS	200 S. ANDREWS AVENUE	4.3 STREET ADDRESS	1201 Elm St.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	Dallas, TX 75270
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALAGY, MARK	5.2 NAME	
STREET ADDRESS	200 S. ANDREWS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFFER, MARCI	6.2 NAME	
STREET ADDRESS	200 S. ANDREWS AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marci Shaffer, Asst. Sec. 3/4/97 924-832-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)