

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 31 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 # F96000003821 (3)

1. Corporation Name

HOLLYWOOD VIDEO SUPERSTORES, INC.

Principal Place of Business

25600 SW PARKWAY CENTER DRIVE
WILSONVILLE OR 97070

Mailing Address

25600 SW PARKWAY CENTER DRIVE
WILSONVILLE OR 97070-9645

3. Date Incorporated or Qualified

07/29/1996

3a. Date of Last Report

4. FEI Number

93-0981138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME WATTLES, MARK J
STREET ADDRESS 25600 SW PARKWAY CENTER DRIVE
CITY-ST-ZIP WILSONVILLE OR 97070

TITLE CVS
NAME EKMAN, DONALD J
STREET ADDRESS 25600 SW PARKWAY CENTER DRIVE
CITY-ST-ZIP WILSONVILLE OR 97070

TITLE D
NAME CUTLER, JAMES N
STREET ADDRESS 25600 SW PARKWAY CENTER DRIVE
CITY-ST-ZIP WILSONVILLE OR 97070

TITLE D
NAME GALANTI, RICHARD A
STREET ADDRESS 25600 SW PARKWAY CENTER DRIVE
CITY-ST-ZIP WILSONVILLE OR 97070

TITLE T
NAME GORDON, DOUG
STREET ADDRESS 25600 SW PARKWAY CENTER DRIVE
CITY-ST-ZIP WILSONVILLE OR 97070

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Donald J. Ekman

1/23/97

(503) 570-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0601277

CR2E034 (9/96)