2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600003821

Country

NRAI SERVICES, INC.

9. This corporation is eligible to satisfy its intangible

WATTLES, MARK J

EKMAN, DONALD J

9275 SW PEYTON LANE

WILSONVILLE OR 97070

9275 SW PEYTON LANE

WILSONVILLE OR 97070

Tax filing requirement and elects to do so.

(See criteria on back)

DSV

526 E. PARK AVE. TALLAHASSEE FL 32301

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

HOLLYWOOD VIDEO SUPERSTORES, INC. Mailing Address Principal Place of Business 9275 SW PEYTON LANE 9275 SW PEYTON LANE WILSONVILLE OR 97070 WILSONVILLE OR 97070-9200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

NAME

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

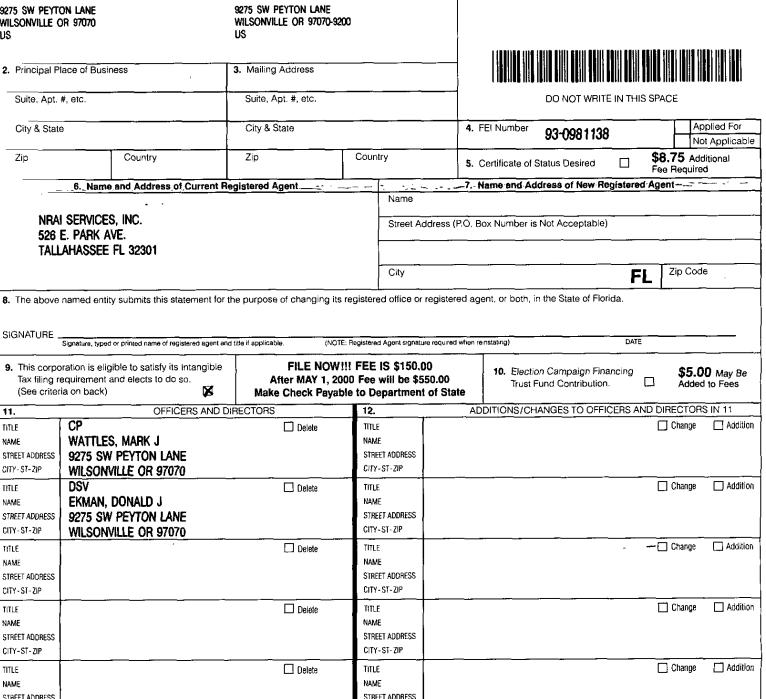
CITY-ST-ZIP

CITY-ST-ZIP

City

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90094 043 ***150.00



13. Thereby certify that the information supplied with this filling 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 suppliemental 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address with all other like empowered. no accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other like empowered.

CITY-ST-ZIP

SIGNATURE: X

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

TITLE

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED HAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Ekman

(503) 570~1600

☐ Change

Addition