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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000000722

BLOCKBUSTER SERVICES INC.

| Principal Plac | e of Business | Mailing Address | | | i | 1 1884 100 1118 1811 1801 18011 1841 1 | ESITE DESEL BOILS LOBIN SIND SIDE (SO) |
|-----------------------------|--|--|--------------------------|----------------|----------------------------|---|--|
| % P. DAUMAN | | % P. DAUMAN | | | | | |
| 1515 BROADWAY 1515 BROADWAY | | | | | | | |
| NEW YORK NY 10036 | | NEW YORK NY 10036 | | | DO NOT WRITE IN THIS SPACE | | |
| ľ | | | | | ļ | 3. Date Incorporated or Qualifed | |
| Deinoinal D | lines of Ducioses | Za. Mailing Address | | | i | 02/11/1997 4. FEI Number | 1.37 * 131.25. |
| | | | TOT | OKT AS | | | Applied For |
| 21 26 C/O MICHAEL D. I | | | | TRICKER | | 13-3930137 | Not Applicable |
| 22 | w, 610. | 27 | | | i | 5. Certificate of Status Desired [] | \$8.75 Additional Fee Required |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | ; | | 8. This corporation owes the current year | |
| 24 | 25 | 29 30 | ol | | | Personal Property Tax | []Yes []No |
| | 9. Name and Address of Current | Registered Agent | 1 | | • | 10. Name and Address of New Registe | ered Agent |
| | | | 81 | Name | | | |
| CORPORATION SERVICE COMPANY | | | 82 | Street | Artdress | Idress (P.O. Box Number is Not Acceptable) | |
| | HAYS STREET | | | | | | |
| IALL | AHASSEE FL 32301-2525 | | 83 | | | | |
| | | | 84 | City | | | 85 Zip Code |
| | | | | / | | | FL |
| office or r | to the provisions of Sections 607,0502 egistered agent, or both, in the State or m familiar with, and accept the obligation of the state of the section of t | f Florida, Such change was auth ons of, Section 607.0505, Florida | iorized by a Stalutes | the corp | oration' | ration submits this statement for the purpor is board of directors. Thereby accept the a | appointment as registered |
| 12. | OFFICERS AND | | I 13. | | - , | ADDITIONS/CHANGES TO OFFICER | T., |
| TITLE | EVPS | [] DELETE | 1.1 TITLE | | EVF | PSD | Change [Addition |
| NAME | DAUMAN, PHLIPPE P | | 12 NAME | | | | , |
| STREET ADDRESS | 1515 BROADWAY | | 1351REF | TADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NY 10036 | | 14 C/TY-S | 1- 2 12 | İ | | |
| TITLE | D | [DELETE | 2 1 THLE | | SVE | PD D | b Change [□] Addition |
| NAME . | SMITH, GEORGE S JR. | | 2.2 NAME | | | 700000876 | anetr - n |
| STREET AD PRESS | 1515 BROADWAY | | 23 STREE | ADDRESS | 1 | . 02/09/99 | -0104101 |
| CITY-ST-ZIP | NEW YORK NY 10036 | | 2 4 CITY-S | T-2F | | 等基本来15·0·1 | |
| TITLE . | PD | [] DELETE | 3.1 TIFLE | | | www.com.com | [Change T Addition |
| NAME | ANTIOCO, JOHN F | | 3.2 NAMS | | i | | |
| STREET ADDRESS | 1201 ELM ST. | | 33 STREE | ADURESS | | | |
| OTY-ST-ZIP | DALLAS TX 75270 | | 3.4 CITY-5 | I-2⊮ | | | |
| TITLE | V | C DELETE | 4 1 TITLE | | SVE |) | Change [] Addition |
| NAME | FRICKLAS, MICHAEL D | | 4 2 NAME | | | | |
| STREET ADDRESS | 1515 BROADWAY | | 4 3 STREE | ADDRESS | | | - 12. \ |
| CITY-ST-ZIP | NEW YORK NY 10036 | | 4 4 CITY-S | 1-26 | | | |
| TETLE | AS | [] DELETE | 5 1 TITLE | | | 1 | nge [Add ton |
| NAME | STACK, ILENE W | | 5.2 NAME | | 1 | (| |
| STREET ADDRESS | 1515 BROADWAY | | 53 STREET | ţ | 1 | | V/ |
| CITY-ST-ZIP | NEW YORK NY 10036 | | 54 CITY-S | I-ZIP | | | |
| TITLE | | C) DELETE | 61 TILE | | AS | | [] Change 🔀 Addition |
| NAME | | | 6.2 NAME | | LIC | OTTA, MICHAEL A | |

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.00(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 employered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if grianged, or on an algorithment with an address, with all other like empowered. SIGNATURE:

NATURE AND THEED OF PRIVILED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

1/29/99

63 STREET ADDRESS | 1515 BROADWAY

NEW YORK, NY 10036

64 CITY-ST-ZiP

212-846-5955