

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000722

1. Entity Name

BLOCKBUSTER SERVICES INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90051 036 ***150.00

Principal Place of Business

Mailing Address

% P. DAUMAN
 1515 BROADWAY
 NEW YORK NY 10036

% MICHAEL D. FRICKLAS
 1515 BROADWAY
 NEW YORK NY 10036-8901

2. Principal Place of Business

1201 Elm Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dallas, TX

City & State

TX

4. FEI Number

13-3930137

Applied For

Not Applicable

Zip
 75270

Country
 USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVSD	<input checked="" type="checkbox"/> Delete
NAME	DAUMAN, PHILIPPE P	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	SMITH, GEORGE S JR.	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTIOCO, JOHN F	
STREET ADDRESS	1201 ELM ST.	
CITY-ST-ZIP	DALLAS TX 75270	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	FRICKLAS, MICHAEL D	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	AS	<input type="checkbox"/> Delete
NAME	STACK, ILENE W	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	LIOTTA, MICHAEL A	
STREET ADDRESS	1515 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10036	

TITLE	EVP SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD B. STEAD	
STREET ADDRESS	1201 Elm Street	
CITY-ST-ZIP	Dallas, TX 75270	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

ILENE W. STACK, Ass't. Secty. 2/7/00 212-258-6874

Date

Daytime Phone #

CR2E034 (9/99)