
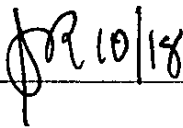


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000003219						FILED 05 OCT 13 AM 8:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name ELECTRONICS BOUTIQUE OF AMERICA INC.									
Principal Place of Business 931 SOUTH MATLACK STREET WEST CHESTER, PA 19382		Mailing Address 931 SOUTH MATLACK STREET WEST CHESTER, PA 19382							
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						09262005 REIN-P CR2E098 (6/04)	
City & State		City & State						4. FEI Number 23-2963667	
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent					
				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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GRIFFITHS, JEFFREY 2104 COUNTRY VIEW LANE LANSDALE, PA 19446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300060584543 10/13/05--01060--007 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KIRCHNER, MARILYN R 301 PLYMOUTH COURT WEST CHESTER, PA 19380	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PANICHELLO, JOHN 1432 MONK RD. GLADWYNE, PA 19035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSTV SMITH, JAMES 315 HOGELAND ROAD SOUTHAMPTON, PA 18994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.									
SIGNATURE: _____				Date: _____					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>					

610.430.8100 x7863
October 10, 2005