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**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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1. Corporation Name

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BLOCKE	BUSTER COMPUTER SYSTE	MS CORPORATION		SUCKLIMENT OF STAT	ር. በ ለ
					Marin dan dan dan dan dan dan dan dan dan da
Principal Plac	e of Business	Mailing Address			
1201 ELM STRI	EET	% PHILIPPE P DAUMAN			
DALLAS TX 75	270	1515 BROADWAY			
US		NEW YORK NY 10036 US		DO NOT WRITE IN THIS SPA	CE
ļ		05		3. Date Incorporated or Qualified	
2 Principal P	Place of Business	2a. Mailing Address		05/08/1987 4. FET Number	I Lander
21 21	lace of busiless	26 C/O MICHAEL	D. FRICKLAS		Applied For Not Applicable
Suite, Apt	# etc	Suite, Apt. #, etc.		65-0234777	B.75 Additional
22	.,	27			Fee Required
City & Stat	te	City & State		the state of the s	5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangib	le
24	25	[29]	30	Personal Property Tax [1]	es []No
ļ	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agen	ıt
TUE	PREMIUSE HALL CORROBATION	CVCTCM INC	[81] Name		
	PRENTICE-HALL CORPORATION 1 HAYS STREET	13131EM, INU.	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	LAHASSEE FL 32301				
IALI	DATASSEE FL 32301		83		
1			84 City	a	Zip Code
			l l	FL	ļ,
office or r	registered agent, or both, in the State of	of Ftorida. Such change was aut	thorized by the corpor	orporation submits this statement for the purpose of chan- ation's board of directors. I hereby accept the appointmen	ging its registered It as registered
ageni. i a	im familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes.	• • •	
SIGNATURE					
SIGNATURE	Signature, typod or printed name of registered agent	t and fise if applicable (NO1) Fig.	Registered Age of signature req	restates maintitisp. DATE	RECTORS IN 12
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14. I hereby certify that the information supplied with this filtred 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 employeed to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 Det212-846-5955 Daylore Phone A