

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90060 041 ***150.00

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01162004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3647213
Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P00000046768

1. Entity Name
IMAGE ENTERTAINMENT, INC.

Principal Place of Business
**14088 ICOT BLVD.
CLEARWATER, FL 33760**

Mailing Address
**14088 ICOT BLVD.
CLEARWATER, FL 33760**

2. Principal Place of Business
**14175 ICOT Blvd Suite 100
Clearwater FL 33760 Pinellas**

3. Mailing Address
**14175 ICOT Blvd Suite 100
Clearwater FL 33760 Pinellas**

6. Name and Address of Current Registered Agent
**JOHNSON, DAN
14088 ICOT BLVD.
CLEARWATER, FL 33760**

7. Name and Address of New Registered Agent
Name: **JOHNSON, DAN**
Street Address (P.O. Box Number is Not Acceptable):
14175 ICOT Blvd. suite 100
City: **Clearwater** FL Zip Code: **33760**

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: *[Signature]* President DATE: **1/16/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAN		NAME	JOHNSON, DAN	
STREET ADDRESS	14088 ICOT BLVD.		STREET ADDRESS	14175 ICOT Blvd, suite 100	
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP	Clearwater, FL 33760	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* Daniel P Johnson DATE: **1/16/04** 727 524 3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR