

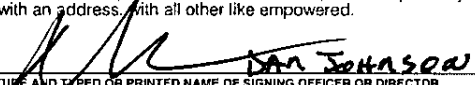


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90337 010 ***150.00

DOCUMENT # P00000046768					
1. Entity Name IMAGE ENTERTAINMENT, INC.					
Principal Place of Business 14175 ILOT BLVD. STE. 200 CLEARWATER, FL 33760			Mailing Address 14175 ILOT BLVD. STE. 200 CLEARWATER, FL 33760		
2. Principal Place of Business 14175 Icot Blvd. Suite, Apt. #, etc. Suite 100 City & State CLEARWATER, FL Zip 33760 Country USA		3. Mailing Address 14175 Icot Blvd. Suite, Apt. #, etc. Suite 100 City & State CLEARWATER, FL Zip 33760 Country USA		50040091 	
4. FEI Number 59-3647213		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, DAN 14175 ILOT BLVD. SUITE 200 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAN 14088 ICOT BLVD. CLEARWATER, FL 33760		<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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:  DAN JOHNSON 3/29/05 727-524-3900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					