

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18573** (6)

1. Corporation Name
BLOCKBUSTER VIDEOS, INC.

Principal Place of Business
**200 SOUTH ANDREWS AVE
FT. LAUDERDALE FL 33301
US**

Mailing Address
**200 SOUTH ANDREWS AVE
FT. LAUDERDALE FL 33301-1864
US**



3. Date Incorporated or Qualified 03/28/1988	3a. Date of Last Report 04/30/1996
4. FEI Number 75-1889838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1201 Elm Street Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.
22 City & State 23 Dallas, TX	27 City & State 28
24 Zip 75270	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 500002108705 84 City -03/10/97-01051-0085 FL Zip Code ***1815.00
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIELDS, BILL		1.2 NAME	
STREET ADDRESS 200 S. ANDREWS AVE.		1.3 STREET ADDRESS 1201 Elm Street	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP Dallas, TX 75270	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Ex. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARRETT, H. SCOTT		2.2 NAME Gary Petersen	
STREET ADDRESS 200S. ANDREWS AVENUE		2.3 STREET ADDRESS 1201 Elm St.	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		2.4 CITY-ST-ZIP Dallas, TX 75270	
TITLE EVP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Ex. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FLEETWOOD, ROBERT S		3.2 NAME Mark Gilman	
STREET ADDRESS 200 S. ANDREWS AVE.		3.3 STREET ADDRESS 1201 Elm St.	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		3.4 CITY-ST-ZIP Dallas, TX 75270	
TITLE EVP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Ex. V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAWKINS, THOMAS W		4.2 NAME Adam Phillips	
STREET ADDRESS 200 S. ANDREWS AVE		4.3 STREET ADDRESS 1201 Elm Street	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		4.4 CITY-ST-ZIP Dallas, TX 75270	
TITLE SVP	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILLIPS, JOE		5.2 NAME	
STREET ADDRESS 200 SOUTH ANDREWS AVE		5.3 STREET ADDRESS 1201 Elm Street	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		5.4 CITY-ST-ZIP Dallas, TX 75270	
TITLE SVP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Vice Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WOODS, BRIAN		6.2 NAME Thomas Byrne	
STREET ADDRESS 200 S. ANDREWS AVENUE		6.3 STREET ADDRESS 1201 Elm St.	
CITY-ST-ZIP FT. LAUDERDALE FL 33301		6.4 CITY-ST-ZIP Dallas, TX 75270	

14. I do 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Mari Sh...** Asst. Sec. **3/4/97** **954-832-3000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)