

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024483

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: VIDEO CITY OF PANAMA CITY INC.

## Current Principal Place of Business:

1826 LISEBY AVE  
PANAMA CITY, FL 32405 US

## New Principal Place of Business:

## Current Mailing Address:

1826 LISEBY AVE  
PANAMA CITY, FL 32405 US

## New Mailing Address:

FEI Number: 59-3230627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PABON, MIGUEL  
4024 TRANSMITTER RD  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PABON, CARLOS  
Address: 4024 TRANSMITTER RD  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: PABON, GLORIA  
Address: 4024 TRANSMITTER RD  
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete  
Name: PABON, MIGUEL  
Address: 4024 TRANSMITTER RD  
City-St-Zip: PANAMA CITY, FL 32401

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL PABON

D

07/02/2004

Electronic Signature of Signing Officer or Director

Date