2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000024483

City-St-Zip:

PANAMA CITY, FL 32401

Entity Name: VIDEO CITY OF PANAMA CITY INC.

FILED Jan 07, 2009 Secretary of State

Littly Nan	ie. VIDEO CIT	TOP PANAIVIA CITTING.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1826 LISEN PANAMA C	IBY AVE ITY, FL 32405	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1826 LISEN PANAMA C	IBY AVE ITY, FL 32405	US			
FEI Number:	59-3230627	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
PABON, MIGUEL 4024 TRANSMITTER RD PANAMA CITY, FL 32401 US				PABON, GLORIA 4024 TRANSMITTER RD PANAMA CITY, FL 32401 US	
The above in the State		bmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GLORIA PABON				01/07/2009	
Electronic Signature of Registered Agent			ent	Date	
		2)(b), F.S., the corporation did no Frust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D PABON, CARLOS 4024 TRANSMITT PANAMA CITY, F	ER RD	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E PABON, GLORIA 4024 TRANSMITI PANAMA CITY, F		Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address:	D () D PABON, MIGUEL 4024 TRANSMITT	elete ER RD	Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: GLORIA PABON DIR 01/07/2009