2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000023390

Address:

City-St-Zip:

165 WEST END AVE

KNOXVILLE, TN 37922

FILED Aug 10, 2004 Secretary of State

D 0 0 0 11		0,00002	.0000			ocorciary or otate		
Entity Nan	ne: AMER	ICAN BOO	K CO.					
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
165 WEST KNOXVILL	END AVEN E, TN 3792							
Current Mailing Address:				New Maili	New Mailing Address:			
11130 KING	GSTON PIK	Œ						
KNOXVILL	E, TN 3792	22 US						
FEI Number:	58-2306379	FEI Nu	mber Applied For()	FEI Number Not App	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
C T CORP 1200 SOU ⁻ PLANTATIO	TH PINE ISI	LAND ROA	.D					
The above in the State		ty submits	this statement for the pu	ırpose of changing i	ts register	ed office or registered agent, or bo	th,	
SIGNATUR	RE:							
	Elect	ronic Signa	ture of Registered Ager	nt		Date	_	
			S., the corporation did not and Contribution ().	receive the prior notic	e.			
OFFICERS	AND DIR	ECTORS:		ADDITION	S/CHANG	GES TO OFFICERS AND DIRECT	ORS:	
Title: Name: Address: City-St-Zip:	CD WINEGARD 3000 RIVER KNOXVILLE	R HÁVEN POI	ΝΤ	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete NER, DEON RHAVEN POII E, TN 37922	ΝΤ	Title: Name: Address: City-St-Zip:	3000 RIVE	(X) Change () Addition RDNER, DEAN ER HAVEN POINT LE, TN 37922		
Title: Name:	ST O'CONNER.	() Delete		Title: Name:	ST O'CONNO	(X) Change()Addition R. PATRICK		

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.

Address:

City-St-Zip:

165 WEST END AVE

KNOXVILLE, TN 37922

SIGNATURE: PATRICK O'CONNOR ST 08/10/2004