


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**

07-24-2006 90003 021 \*\*\*158.75

**DOCUMENT # P93000006265**  
 1. Entity Name  
**PRIME TIME GROUP, INC.**



Principal Place of Business      Mailing Address  
 120 HONEYSUCKLE LANE      120 HONEYSUCKLE LANE  
 BRANSON, MO 65616 US      BRANSON, MO 65616 US

**50022980**



2. Principal Place of Business      3. Mailing Address  
*1816 H State Hwy 13*      *Po Box 170*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

07172006      Chg-P      CR2E034 (11/05)

City & State      City & State  
*Blue Eye MO*      *Blue Eye MO*  
 Zip      Country      Zip      Country  
*65611*      *US*      *65611*      *US*

4. FEI Number      Applied For  
**59-3164011**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ARNOLD, JOHNNY RAY 120 HONEYSUCKLE LANE BRANSON, MO 65616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Po Box 170</i> <i>Blue Eye MO 65611</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARTON, LILLY 120 HONEYSUCKLE LANE BRANSON, MO 65616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Parton, Lillie</i> <i>Po Box 170</i> <i>Blue Eye MO 65611</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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: *Lillie Parton*      **Lillie Parton**      7-17-06      417-779-2310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #