

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90040 003 ***150.00

DOCUMENT # 674920

1. Entity Name
PRIME TIME SYSTEMS, INC.



Principal Place of Business
**7300 BEACH BLVD
#3
JACKSONVILLE FL 32216
US**

Mailing Address
**7300 BEACH BLVD
#3
JACKSONVILLE FL 32216
US**

70011498



2. Principal Place of Business

3. Mailing Address

3601 CARDINAL PT. DR
Suite, Apt. #, etc.

3601 CARDINAL PT. DR.
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number
59-2292621

Applied For
Not Applicable

Zip
32257

Country
USA

Zip
32257

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSTON, JAMES E.
404 NIGHT HAWK LN
ST AUGUSTINE FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)
3601 CARDINAL POINT DRIVE

City **JACKSONVILLE** FL Zip Code **32257**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** Delete
NAME **KING, LEWIS P**
STREET ADDRESS **5442 RIVER TRAIL RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME **HUSTON, JAMES E**
STREET ADDRESS **404 NIGHT HAWK LANE**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Lewis P. King
LEWIS P. KING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2003

904 256 0053

Date

Daytime Phone #

CR2E034 (10/02)