

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90977 044 ***150.00

DOCUMENT # F02000004899

1. Entity Name

PRIME TIME VIDEO OF SOUTH FLORIDA, INC.



Principal Place of Business

**605 BROAD AVE.
RIDGEFIELD NJ 07657**

Mailing Address

**2010 SEABIRD WAY
RIVIERA BEACH FL 33404**

2. Principal Place of Business

2010 Seabird Way
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Riviera Beach

City & State

Zip

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CHECK HERE IF MAKING CHANGES

4. FEI Number

22-2527298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TASSELL, DAVID D ESQUIRE
941 NORTH HWY. A1A
JUPITER FL 33477**

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

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

TITLE **PD** ☐ Delete
NAME **ZUCHOWSKI, BARBARA E**
STREET ADDRESS **390 LAVELLE COURT**
CITY-ST-ZIP **WYCKOFF NJ 07481**

TITLE **VTSD** ☐ Delete
NAME **ZUCHOWSKI, JOHN J**
STREET ADDRESS **390 LAVELLE COURT**
CITY-ST-ZIP **WYCKOFF NJ 07481**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CR2E034 (10/02)

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: **X**

BARBARA ZUCHOWSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA ZUCHOWSKI: 2/19 (561) 841-1940

Date

Daytime Phone #