

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

01-19-2005 90025 021 ****50.00

DOCUMENT # L04000025768			
1. Entity Name PRIME TIME DVD, LLC			
Principal Place of Business 2010 SEABIRD WAY RIVIERA BEACH, FL 33404		Mailing Address 2010 SEABIRD WAY RIVIERA BEACH, FL 33404	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062005 Chg-LLC CR2E083 (10/03)		4. FEI Number 34-1988450	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZUCHOWSKI, JOHN 2010 SEABIRD WAY RIVIERA BEACH, FL 33404		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 is required when reappointing)			
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER BARBARA Zuchowski 3920 N. Ocean Dr #16 B Singer Island, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER John Zuchowski 3920 N. Ocean Dr #16 B Singer Island, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes.			
SIGNATURE: John J. Zuchowski		Date: June 17, 2005 561-841-1940	
SIGNATURE AND TYPE OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Member