2001 UNIFORM BUSINESS REPORT (UBR)

000607

DOCUMENT # L99000003668

1. Entity Name

PRIMETIME PLAYER MANAGEMENT, LLC

FILED
01 SEP 28 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6733 OAK CLUSER CIR. → CLUSTER SPRING HILL FL 34606	6733 OAK CLUSER CIR. → CLUSTER SPRING HILL FL 34606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3582500 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PURCELL, JOSEPH A 121 OAK LAKE DRIVE, SUITE 100 SPRING HILL FL 34608	Name JOSEPH A. PURCELL Street Address (P.O. Box Number is Not Acceptable) 6733 OAK CLUSTER CIRCLE City SPRING HILL FL Zip Code 34606

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.

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PURCELL, JOSEPH A 121 OAK LAKE DRIVE, SUITE 100 SPRING HILL FL 34608	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PURCELL, JOSEPH A. 6733 OAK CLUSTER CIRCLE SPRING HILL FLORIDA 34606	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (5/01)

STAPLE CHECK HERE

11. 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 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 608, Florida Statutes.

SIGNATURE: Joseph A. Purcell JOSEPH A. PURCELL 9/1/01 (845)638-4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #