

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002081

FILED
Jul 02, 2009
Secretary of State

Entity Name: PRIME TIME CLUB, INC.

Current Principal Place of Business:

3815 N NEBRASKA AVE
TAMPA, FL 336737492

New Principal Place of Business:

Current Mailing Address:

PO BOX 7492
TAMPA, FL 336737492

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, TIFFANY
3815 N NEBRASKA AVE
TAMPA, FL 336737492 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBERTS, TIFFANY
Address: PO BOX 7492
City-St-Zip: TAMPA, FL 336737492

Title: D () Delete
Name: GALLARDO, JESSICA
Address: PO BOX 7492
City-St-Zip: TAMPA, FL 336737492

Title: D () Delete
Name: BAGGETT, CHERYL
Address: PO BOX 7492
City-St-Zip: TAMPA, FL 336737492

Title: D () Delete
Name: SHIPMAN, SANDRA
Address: PO BOX 7492
City-St-Zip: TAMPA, FL 336737492

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY A. ROBERTS

Electronic Signature of Signing Officer or Director

MS.

07/02/2009

Date