

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000038940

FILED
Apr 30, 2003
Secretary of State

Entity Name: PRIME HOLDING CORPORATION

Current Principal Place of Business:

1101 CHANNELSIDE DRIVE
SUITE 26807
TAMPA, FL 33602 US

Current Mailing Address:

1101 CHANNELSIDE DRIVE
SUITE 26807
TAMPA, FL 33602 US

New Principal Place of Business:

1101 CHANNELSIDE DRIVE
SUITE 268
TAMPA, FL 33602 US

New Mailing Address:

1101 CHANNELSIDE DRIVE
SUITE 268
TAMPA, FL 33602 US

FEI Number: 59-3639789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, CHRIS
2626 PARK AVENUE
SUITE 17307
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

COMBS, CHRIS
1101 CHANNELSIDE DRIVE
SUITE 268
TAMPA, FL 33602 US

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: CHRIS COMBS

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMBS, CHRIS
Address: 2626 PARK AVENUE #17307
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COMBS, CHRIS
Address: 1101 CHANNELSIDE DRIVE SUITE 268
City-St-Zip: TAMPA, FL 33602

Title: VP () Change (X) Addition
Name: COMBS, ASHLEY
Address: 1101 CHANNELSIDE DRIVE SUITE 268
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS COMBS

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date