


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90058 031 ***150.00

DOCUMENT # P01000061281	
1. Entity Name PRIMETIME ENTERTAINMENT GROUP, INC.	

Principal Place of Business 4422 WEST HIGHWAY 40 #6 OCALA, FL 34482	Mailing Address 4422 WEST HIGHWAY 40 #6 OCALA, FL 34482
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94009816

2. Principal Place of Business <i>1522 E. Silver Springs Blvd</i>	3. Mailing Address <i>1522 E. Silver Springs Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>OCALA FLORIDA</i>	City & State <i>OCALA FL</i>
Zip <i>34470</i>	Country <i>USA</i>
Zip <i>34470</i>	Country <i>USA</i>



01292004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3760066		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6.- Name and Address of Current Registered Agent		
RANSLOW, JOE B 4422 WEST HIGHWAY 40 #6 OCALA, FL 34482		
7.- Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) <i>1522 E. Silver Springs Blvd</i> City <i>OCALA</i> State <i>FL</i> Zip Code <i>34470</i>		

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 *Joe Ranslow* (NOTE: Registered Agent signature required when reinstating) DATE *1/30/04*

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RANSLOW, JOE B 4422 WEST HIGHWAY 40 #6 OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1522 E. Silver Springs Blvd</i> <i>OCALA FL 34470</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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: *Joe Ranslow* DATE: *1/30/04* DAYTIME PHONE #: *352 401-1955*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR