## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT # P01000061281** 1. Entity Name PRIMETIME ENTERTAINMENT GROUP, INC. Principal Place of Business Mailing Address 1532 E. SILVER SPRINGS BLVD 1532 E. SILVER SPRINGS BLVD OCALA, FL 34470 OCALA, FL 34470 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3760066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RANSLOW, JOE B DO NOT WRITE 1532 E. SILVER SPRINGS BLVD OCALA, FL 34470 IN THIS SPACE 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. 18Sillon1 s, typed or printed name of registered agent and title if applicable 9, Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10 OFFICERS AND DIRECTORS U00000931324 05/22/08-80010-011 150.00 **PVST** THILE RANSLOW, JOE B NAME 1532 E. SILVER SPRINGS BLVD STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 TITLE NAME RANSLOW, JOE B STREET ADDRESS 1532 E. SILVER SPRING BLVD CITY-ST-ZIP OCALA, FL 34470 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT