P95000038214

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PRIME TIME PROMOTIONS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ $70.00 Filing Fee

☒ $78.75 Filing Fee & Certificate

☐ $122.50 Filing Fee & Certified Copy

☐ $131.25 Filing Fee, Certified Copy & Certificate

FROM: JOE FULNER III
Name (printed or typed)

000001486050
-05/12/95--01103--013
*****78.75 *****78.75

9820 SHERIDAN ST #111
Address

PEMBROKE PINES, FLORIDA 33024
City, State & Zip

(305) 437-9163
Daytime Telephone number

FILED
95 MAY 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 1995 BSB

NOTE: Please provide the original and one copy of the articles.

FILED
95 MAY 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

PRIME TIME PROMOTIONS, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PRIME TIME PROMOTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7777 N. DAVIE ROAD EXTENSION, Suite 104B
DAVIE, FL 33024

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares, no par value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOE FULNER III
9820 SHERIDAN ST #111
PEMBROKE PINES FLORIDA 33024

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

STEPHEN C. NICASTRO
9820 SHERIDAN ST. #111
PEMBROKE PINES FL.
33024

JOE FULNER III.
9820 SHERIDAN ST #111
PEMBROKE PINES, FLORIDA
33024

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of May, 1995.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PRIME TIME PROMOTIONS, INC.

FILED
99 MAY 12 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and office is:

JOE FULNER III
(Name)

9820 SHERIDAN ST #111
(P.O. Box not acceptable)

PEMBROKE PINES, FLORIDA 33024
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT 28 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038214

1. Corporation Name
PRIME TIME PROMOTIONS, INC.

Principal Place of Business	Mailing Address
7777 N DAVIE RD EXTENSION SUITE 1048 DAVIE FL 33024	7777 N DAVIE RD EXTENSION SUITE 1048 DAVIE FL 33024

REINSTATEMENT 96

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
9000 SHERIDAN ST	9000 SHERIDAN ST
Suite, Apt. #, etc. SUITE 158	Suite, Apt. #, etc. SUITE 158
City & State PEMBROKE PINES FLORIDA	City & State PEMBROKE PINES FLORIDA
Zip 33024 Country USA	Zip 33024 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/1995

5. FEI Number: 65-0581448 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	JOE FULNER III	179 SW 96TH TERRACE	PLANTATION FLORIDA 33324
Vice Pres.	STEVEN NICASTRO	16895 SW 76TH ST	PEMBROKE PINES FLORIDA 33331

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-11/05/96--01052--001
****383.75 ****383.75

10-31-96

8. Name and Address of Current Registered Agent

FULNER, JOE III
~~9000 SHERIDAN ST #111~~ 179 SW 96TH TERRACE
~~PEMBROKE PINES FL 33024~~ PLANTATION FLORIDA 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [signature] Date 10/15/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 10/15/96 954 723-0717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)

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