FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000041945 (2)

PRIME TIME II ENTERTAINMENT AND SPORTS PROGRAMMI NG INCORPORATED

Principal Place of Business 7263 SOMERSWORTH DR

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



CR2E034

7263 SOMERSWORTH DR ORLANDO FL 32835 ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/20/1996 2. Principal Place of Business Applied For 2a. Mailing Address 59-3388050 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaigh Financing Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation dwes or has paid the current year Intangible Ζip Yes Yes □No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GRIGG, ALLISON K 7263 SOMERSWORTH DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 83 City Zio Code 84 85 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE TITLE GRIGG, DAVID NAME 1.2 NAME 7263 SOMERSWORTH DR. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE KENNEDY, ALLISON 2.2 NAME 7263 SOMERSWORTH DR. 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 2, 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS iTy-ST-ZiP CITY-ST-ZIP ___ Change Addition DELETE 4.1 TITLE LE MF NAME REET ADDRESS STREET ADORESS M-ST-ZIP CITY-ST-ZIP Addition DELETE Change TiTLF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allison KENDEDS