

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90077 010 ***150.00

DOCUMENT # **P98000086443**

1. Corporation Name

PRIMETIME SOFTWARE SOLUTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9219 ROCKROSE DR. TAMPA FL 33647		Mailing Address 9219 ROCKROSE DR. TAMPA FL 33647	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent SIMMONS, BRIAN 9219 ROCKROSE DR. TAMPA FL 33647		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Brian F. Simmons #</i> DATE 1-10-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE] TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Partner [Change] [X] Addition 1.2 NAME Brian F. Simmons # 1.3 STREET ADDRESS 9219 Rockrose Dr. 1.4 CITY-ST-ZIP Tampa FL 33647 2.1 TITLE Partner [Change] [X] Addition 2.2 NAME Robert H. Wenning 2.3 STREET ADDRESS 16702 Valseca De Avila 2.4 CITY-ST-ZIP Tampa FL 33613 3.1 TITLE Partner [Change] [X] Addition 3.2 NAME Justin Merritt 3.3 STREET ADDRESS 5117 Arborpoint Circle Apt. 618 3.4 CITY-ST-ZIP Tampa FL 33617 4.1 TITLE [Change] [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [Change] [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [Change] [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)