2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90038 029 ***150.00

DOCUMENT # P99000061143

1. Entity Name

PRIME COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
5450 SOUTH STATE ROAD 7 #12 HOLLYWOOD FL 33312	5450 SOUTH STATE ROAD 7 #12 HOLLYWOOD FL 33314-6409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Same	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33314 / Country	Zip 33314 / Country

4. FEI Number 650936228 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAGGI, KATHRYN E
5450 SOUTH STATE ROAD 7 #12
HOLLYWOOD FL 33312

7. Name and Address of New Registered Agent

Name: SIEGEL LISA B.
Street Address (P.O. Box Number is Not Acceptable): 5450 So. State Rd. #7
Suite 12
City: Hollywood FL Zip Code 33314

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.

SIGNATURE Lisa Siegel LISA SIEGEL, President 2/4/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing *Trust Fund Contribution.* ☐ **$5.00** May Be *Added to Fees*

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGGI, KATHRYN E 5450 SOUTH STATE ROAD 7 #12 HOLLYWOOD FL 33312 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LISA SIEGEL 5450 S. State Rd. 7, #12 Hollywood, FL 33314 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Siegel LISA SIEGEL, President 2/4/00 954-327-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #