DOCUMENT # P99000061143

1. Entity Name

PRIME COMMUNICATIONS, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90046 037 ***150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business
5450 SOUTH STATE ROAD 7 #12
FORT LAUDERDALE FL 33314

Mailing Address
5450 SOUTH STATE ROAD 7 #12
FORT LAUDERDALE FL 33314

2. Principal Place of Business: 2563 GARDEN Ct.
Suite, Apt. #, etc.
City & State: Cooper City FL
Zip: 33026 Country: US

3. Mailing Address: SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0936228 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

SIEGEL, LISA B
5450 SOUTH STATE ROAD 7 #12
FORT LAUDERDALE FL 33314

7. **Name and Address of New Registered Agent**

Name: LISA B SIEGEL
Street Address (P.O. Box Number is Not Acceptable): 2563 Garden Ct.
City: Cooper City **FL** Zip Code: 33026

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 B SIEGEL [signature]
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, 2001 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

TITLE	D	☐ Delete
NAME	TAGGI, KATHRYN E	
STREET ADDRESS	5450 S STATE RD 7 #12	
CITY-ST-ZIP	HOLLYWOOD FL 33312	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME	TAGGI, KATHRYN	
STREET ADDRESS	2563 Garden Ct.	
CITY-ST-ZIP	Cooper City FL 33026	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: [signature] 1/4/01 (954) 224-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #