2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State
05-21-2003 90192 038 ***150.00

P99000061143 AV

DOCUMENT # P99000061143

1. Entity Name
PRIME COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
17220 NW 2ND CT MIAMI FL 33169	17220 NW 2ND CT MIAMI FL 33169

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2424 N. Congress Ave	2424 N. Congress Ave
Suite, Apt. #, etc. Suite M	Suite, Apt. #, etc. Suite M
City & State West Palm Beach	City & State West Palm Beach
Zip FL Country USA	Zip FL Country USA

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	7. Name and Address of New Registered Agent
RICH, JOE 12220 NW 2ND CT MIAMI FL 33169	Name Joe Rich Street Address (P.O. Box Number is Not Acceptable) 2424 N. Congress Ave Suite M City West Palm Beach FL Zip Code 33409

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joe Rich 5/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RICH, JOE 17220 NW 2ND CT MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 5/1/03 5614781200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #