

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000071192 1. Entity Name PRIME WEST MEDIA, INC.			
Principal Place of Business 557 WEDGEWOOD WAY NAPLES, FL 34119		Mailing Address 557 WEDGEWOOD WAY NAPLES, FL 34119	
DO NOT WRITE IN THIS SPACE			
		01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 33-0251437	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
RAMOS, ART 557 WEDGEWOOD WAY NAPLES, FL 34119		DO NOT WRITE IN THIS SPACE	
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 		DATE 1-10-2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	RAMOS, ART		
STREET ADDRESS	557 WEDGEWOOD WAY		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE	V		
NAME	RAMOS, JASMIN		
STREET ADDRESS	557 WEDGEWOOD WAY		
CITY-ST-ZIP	NAPLES, FL 34119		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1-10-2005 239-455-8900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	