

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073001

FILED
Apr 21, 2004
Secretary of State

Entity Name: PRIMETIME AMUSEMENTS OF SOUTH FLORIDA INC.

Current Principal Place of Business:

20725 NE 16TH AVENUE, SUITE A-24
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

20725 NE 16TH AVE.
A-24
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 65-0941179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFARB, DAVID
20725 NE 16TH AVENUE
A-24
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOLDFARB, DAVID
Address: 20725 NE 16TH AVE A-24
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: GOLDFARB, WILLIAM
Address: 20725 NE 16TH AVENUE, A-24
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S () Change (X) Addition
Name: LAINIE, SOLOMON
Address: 1059 NE 14TH AVENUE
City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAINIE SOLOMON

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04/21/2004

Electronic Signature of Signing Officer or Director

Date