


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000073001
1. Entity Name
PRIMETIME AMUSEMENTS OF SOUTH FLORIDA INC.



Principal Place of Business: 20725 NE 16TH AVENUE, SUITE A-24
NORTH MIAMI BEACH, FL 33179
Mailing Address: 20725 NE 16TH AVE.
A-24
NORTH MIAMI BEACH, FL 33179



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0941179 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDFARB, DAVID
20725 NE 16TH AVENUE
A-24
NORTH MIAMI BEACH, FL 33179

**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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

000000337896
04/28/05-80018-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDFARB, DAVID
STREET ADDRESS	20725 NE 16TH AVE A-24
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	S
NAME	GOLDFARB, WILLIAM
STREET ADDRESS	20725 NE 16TH AVENUE, A-24
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	S
NAME	LAINIE, SOLOMON
STREET ADDRESS	1059 NE 14TH AVENUE
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lainie Solomon DATE: 4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #