2002 Uniform Business Report (UBR)

SIGNATURE:

Mar 13, 2002 8:00 am § DOCUMENT # P99000073013 **Secretary of State** 1. Entity Name PRIME TIME AMUSEMENTS U.S.A., INC. 03-13-2002 90059 046 ***150 00 Principal Place of Business Mailing Address 90 ALTON ROAD 90 ALTON ROAD #3304 #3304 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 20125 NE 1644 AVE. 20125 NE 16th Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -24 City & State City & State Applied For 4. FEI Number 65-0941175 VORTH MIAMI VORTH MIANI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent Name GOLDFARB, DAVID Street Address (P.O. Box Number is Not Acceptable) 90 ALTON ROAD #3304 MIAMI BEACH FL 33139 City Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE ☐ Delete TITLE Change ☐ Addition GOLDFARB, DAVID NAME NAME 90 ALTON ROAD **CR2E034** STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI BEACH FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change TITLE-TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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