

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000073013

FILED
Apr 21, 2004
Secretary of State

Entity Name: PRIME TIME AMUSEMENTS U.S.A., INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0941175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDFARB, DAVID
20725 N.E. 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 N.E. 16TH AVE, A-24
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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

Title: S () Delete
Name: LINARES, PEDRO
Address: 8800 SW 21 STREET
City-St-Zip: MIAMI, FL 33165

Title: S (X) Delete
Name: NARVAEZ, MARTIN
Address: 6141 RALEIGH STREET, #1004
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

S

04/21/2004

Electronic Signature of Signing Officer or Director

_____ Date