

001 **2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000095892**

1. Entity Name

Prime Telecommunications, Inc.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90247 025 ***150.00

Principal Place of Business

Mailing Address

2336 Wisteria DR
Snellville GA 30078

2. Principal Place of Business

3. Mailing Address

2336 Wisteria DR
Suite, Apt. #, etc.
5302336 Wisteria DR
Suite, Apt. #, etc.
530City & State
Snellville GA.City & State
Snellville GAZip
30078Country
USAZip
30078Country
USA

4. FEI Number

582501972

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EUGENE MICHAEL KENNEDY
517 SW 1st AVE
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name - Eugene M. Kennedy, Esq.

Street Address (P.O. Box Number is Not Acceptable)
517 Southwest 1st Avenue

City Ft. Lauderdale

FL

Zip Code
33301

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

Eugene M. Kennedy, Esq.

03/19/01

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
Tax filing requirement and elects to do so.
"(See criteria on back)" ☒**FILE NOW!!! FEE IS \$150.00****AFTER MAY 1, 2000 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Shaffren, Glenn - Director ☐ Delete
NAME
STREET ADDRESS 1762 American Walk
CITY-ST-ZIP Lawrenceville, GA 30043TITLE Footman, Angus - Director ☒ Delete
NAME
STREET ADDRESS 2805 E. Oakland Park Blvd., #132
CITY-ST-ZIP Ft. Lauderdale, FL 30043TITLE Nielsen, Dale J. - Director ☐ Delete
NAME
STREET ADDRESS 3465 Sandhill Ct.
CITY-ST-ZIP Lawrenceville, GA 30044TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 770-972-5814