Re:FEDX Overnite #847963422325.

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021903

1. Entity Name
POWER PLAY MARKETING & MEDIA LLC



05-09-2005 90049 034 ****50.00

May 09, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

7430 LYONS ROAD POMPANO BEACH, FL 33073 Mailing Address

7430 LYONS ROAD POMPANO BEACH, FL 33073

14017003



DO NOT WRITE IN THIS SPACE

04302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 94-3415364

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

	K	IN THIS SPACE
	named entity submits, this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2005		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGR RABINOIWITZ, BRIAN 53 SHERWOOD PL- 187 Weed Street GREENWICH, CT 06830 New Canaan CT 068	40
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARGANO, TERRY 7430 LYONS RD. POMPANO BEACH, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or truegee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

4/30/05

MRG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #