FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P01000086716 1. Entity Name					FILED			
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						-	··iz/1	
2. Principal Place of Business 3. Mailing Address 5923 BOGGS FORD ROAD 5923 BOGGS F			FORD ROA	ORD ROAD				
Suite, Apt. #, etc. Suite, Apt. #, etc.		<u> </u>			DO NOT WRITE IN THIS SPACE			
City & Sta	to	City & State			FEI Number		Applied For	
PORT ORANGE, FL		PORT ORANGE, FL			-0026600		Not Applicable	
Zip 32127-	Country 5881 USA		Country JSA	5.	Certificate of Status Desired	\$8.75 / Fee Requ	Additional uired	
٠	:			7. Na	me and Address of Current Re			
Name MICHAEL E JENKINS								
DO NOT WRITE Street Address					(P.O. Box Number is Not Acceptable) OGGS FORD ROAD			
IN THIS SPACE								
		AOL.						
		*	City PORT	ORAN	GE	FL 321	de .27-5881	
8. The above	named entity submits this statemen	t for the purpose of changing	g its registered offi	ce or registe	ered agent, or both, in the State of			
SIGNATURE	Signature, typed or printed name of regist	ered agent and title if applicable.	. (NOTE: Regis	tered Agent si	gnature required when reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee				00				
Tax filing requirement and elects to do so. Ame			1, Fee is \$550.00 d UBR is \$61.25		10: Election Campaign Finan Trust Fund Contribution.		5.00 May Be Ided to Fees	
•		Make Check Payabl	le to Department	of State				
11.	OFFICERS AND D	IRECTURS	TITLE				=======================================	
NAME	MICHAEL E JENKI	NS	NAME		30000964 12/23/0201114	17983	2 00	
STREET ADDRESS	5923 BOGGS FORD	ROAD	STREET ADDRESS		12/23/02-01114	***!		
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CITY - ST - ZIP		·	CITY - ST - ZIP	:	· g ⁵			
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 comporation of 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 on an attachment with an address, with all other like empowered.								
SIGNATURE: 1/18/62 38-763-2093								

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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To Whom it may concern,

Attached is a submission for corporate reinstatement of Precision Play Media Inc. EIN: 26-0026600. The corporate office of Precision Play Media was relocated this year to its current address as noted in the included Uniform Business Report. As a result of relocating, we did not receive these forms in the mail. Therefore, this letter shall act as a request to waive any fees associated with submitting a Uniform Business Report after September of 2002.

With respect,

Michael Jenkins President / CEO

Precision Play Media Inc.