
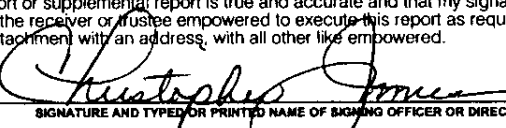


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 015 ***150.00

DOCUMENT # P03000059839			
1. Entity Name JUST IMAGINE RECORDS, INC.			
Principal Place of Business 900 US HWY 1 SUITE 102 LAKE PARK, FL 33403		Mailing Address 900 US HWY 1 SUITE 102 LAKE PARK, FL 33403	
2. Principal Place of Business - No P.O. Box # 10601 Silver Bch. Rd. Suite, Apt. #, etc. #7		3. Mailing Address 920 Lighthouse Dr. Suite, Apt. #, etc.	
City & State Lake Park, FL		City & State North Palm Beach, FL	
Zip 33403	Country USA	Zip 33408	Country USA
6. Name and Address of Current Registered Agent JAMES, CHRISTOPHER R 900 US HWY 1 SUITE 102 LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 920 Lighthouse Drive City North Palm Beach FL Zip Code 33408	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, CHRISTOPHER R 900 US HWY 1, SUITE 102 LAKE PARK, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		1-29-08 (561) 848-4500 Date Daytime Phone #	



01152008 Chg-P CR2E034 (12/06)

4. FEI Number **56-2369626** Applied For ☐ Not Applicable

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