


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/30/2004-90400-011-\$158.75-\$158.75

DOCUMENT # P03000099113		
1. Entity Name PLAY IT RAW RECORDS INC.		

Principal Place of Business 4315 DREXEL AVE ORLANDO FL 32808	Mailing Address 4315 DREXEL AVE ORLANDO FL 32808
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2. Principal Place of Business		3. Mailing Address 7009 Ortona Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Orlando FL	
Zip	Country	Zip	Country
32818	US		

FILED
04 NOV 15 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)
CIN 56-2469408

4. FEI Number		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARCHER, VERONICA 7009 ORTONA COURT ORLANDO FL 32818		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 Veronica Archer DATE 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, FELICIA A	NAME	
STREET ADDRESS	4315 DREXEL AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, JOHNNIE L	NAME	
STREET ADDRESS	4315 DREXEL AVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, JOCHE R	NAME	Veronica Archer
STREET ADDRESS	4315 DREXEL AVE	STREET ADDRESS	7009 Ortona Ct
CITY-ST-ZIP	ORLANDO FL 32808	CITY-ST-ZIP	Orlando, FL 32818
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Veronica Archer DATE 4/26/04 DAYTIME PHONE # 407-694-0826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 28, 2004

Play It Raw Records, Inc
7009 Ortona Court
Orlando, FL 32818

Subject: Federal Employer Identification

Reference Number: P03000099113

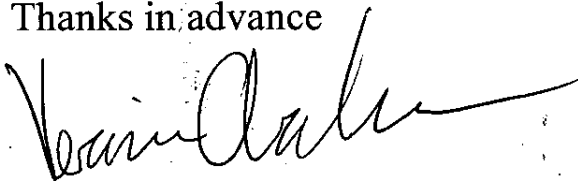
To Whom It May Concern:

We received the attached letter back in May 2004. We did obtain the FEI number and sent in the request for it to your office. Since then we have received a letter for dissolution of our company. This was the only thing that we did not take care of. We did mail in our payment and we sent the attached form back with the information requested. Can this be fixed? Please let us know.

By the way the FEI number is 56-2469480

If you have any questions we can be contacted at 321-695-2043.

Thanks in advance



Veronica Archer
Vice President, Play It Raw Records