


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000066749</b>	
1. Entity Name <b>RAY-ART ENTERPRISES, INC.</b>	

Principal Place of Business <b>1000 UNIVERSAL STUDIOS PLAZA UNIVERSAL STUDIOS OF ORLANDO ORLANDO, FL 32819</b>	Mailing Address <b>C/O SANTI &amp; ASSOC 3308 PEACHTREE IND BLVD. #100 DULUTH, GA 30096</b>
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02192004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3589356</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE. SUITE 900 MIAMI, FL 33131</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, JACKIE 4865 CYPRESS WOODS DR #2210 ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, DARBY 10900 BLUFFSIDE DR STUDIO CITY, CA 91604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAYMOND, WILLIAM 702 BOND STREET BALTIMORE, MD 21231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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