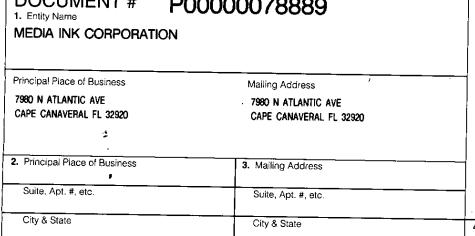
2002 UNIFORM BUSINESS REPORT (UBR)

P00000078889 DOCUMENT # 1. Entity Name MEDIA INK CORPORATION

FILED May 23, 2002 8:00 am Secretary of State

05-23-2002 90066 039 ***158.75



	ANTIC AVE VERAL FL 32920	. 7980 N ATLANTIC AVE CAPE CANAVERAL FL 32920				: 18841881 (J. 881)) 88(J. 88(J. 88))	i	83 1 (818) (21	21	
2. Principal	Place of Business	3. Mailing Address		-						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City & State			4.	. FEI Number 59-3662332		Applied For		
Zip	Country	Zip	Country	у	5.	. Certificate of Status Desired	∀ \$	8.75 Acee Requir	Not Applicable	
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New Re			-	
I EMIC I		نے پہندیت ہے ہ	Name -							
7980 N A	AMES C JR ATLANTIC AVE	Street Address			ddress (P.O.	Box Number is Not Acceptable)	-			
CAPE CA	NAVERAL FL 32920					·				
		,	<u> </u>	City	<u>.:</u>		FL	Zip Cod	de	
8. The above	e named entity submits this statement for	the purpose of changing its	registered	office or	registered a	igent, or both, in the State of Flori	da —		.	
SIGNATURE					•	grown or good, in the state of Profile	ua.			
DIGITATIONE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered A	gent signatu	re required when	reinstating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0	00 May Be	
11.	OFFICERS AND D		12.			DDITIONS/CHANGES TO OFFICE	EDC AND D	IDEATAG	0.01	
TITLE	D.	☐ Delete	TITLE		DP	BBITIONS/CHANGES TO OFFICE		Change	S IN 11	
NAME STREET ADDRESS	LEWIS, JAMES C JR		NAME		-		7	M onlinge	Addition	
CITY-ST-ZIP	CARE CANAMERAL EL AGORA		STREET A			•				
TITLE	D	□ Delete	TITLE	-			-			
NAME	STOTTLER, RICHARD H JR	E3 Boile	NAME		DS		X	C hange	Addition Addition	
STREET ADDRESS CITY-ST-ZIP	8680 N ATLANTIC AVE		STREET A							
TITLE	CAPE CANAVERAL FL 32920		CITY-ST-	ZIP					į	
NAME	en a tradition en de la companya de	Delete	TITLE NAME] Change	☐ Addition	
STREET ADDRESS			STREET AL	DORESS	- 2		- -	• • •		
CITY-ST-ZIP			CITY-ST-	ZIP						
TITLE NAME		☐ Delete	TITLE		<u>.</u>			Change	☐ Addition	
STREET ADDRESS			NAME	DDD-00				•		
CITY-ST-ZIP	•		STREET AL						ļ	
TITLE		□ Delete	TITLE	-		<u> </u>		05	(7.4.1.11.1	
NAME STREET ARRESSO			NAME					Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AD							
TITLE		☐ Delete	CITY-ST-Z	4P						
NAME		☐ Delete	TITLE NAME	1				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET AD	DRESS						
	ertify that the information supplied with the		CITY-ST-Z	'iP						

I nereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

POUNTAIN RECEIPT OF Stottler, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4/19/02</u>

<u>321-783-1320</u>