
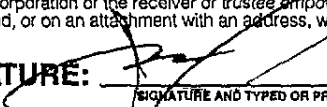


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000078889		
1. Entity Name MEDIA INK CORPORATION		
Principal Place of Business 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	Mailing Address 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent LEWIS, JAMES C JR 7980 N ATLANTIC AVE CAPE CANAVERAL, FL 32920		DO NOT WRITE IN THIS SPACE
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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEWIS, JAMES C JR 8757 HONEYSUCKLE WAY CAPE CANAVERAL, FL 32920	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STOTTLER, RICHARD H JR 8680 N ATLANTIC AVE CAPE CANAVERAL, FL 32920	
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)(f), 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:  James C. Lewis, Jr.		01/06/2004 321-783-5232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3662332 Applied For Not Applicable

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

UN00000001070
01/09/04-80027-008 150.00