

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90012 030 ***158.75

DOCUMENT # P01000047268

1. Entity Name

SNIK ENTERTAINMENT INC.

Principal Place of Business

**506 GARDENS DR #101
 POMPANO BEACH FL 33069**

Mailing Address

**506 GARDENS DR #101
 POMPANO BEACH FL 33069**

2. Principal Place of Business

506 Gardens Dr

3. Mailing Address

506 Gardens Dr

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

Pompano Beach Fla

City & State

Pompano Beach Fla

Zip

33069

Country

USA

Zip

33069

Country

USA

6. Name and Address of Current Registered Agent

COURTNEY, MAURY W

506 GARDENS DR #101

POMPANO BEACH FL 33069

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maury Courtney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 975-8563

CR2E034 (9/01)