

FILED  
Apr 16, 2003 8:00 am  
Secretary of State

04-16-2003 90145 016 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                                                                                          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P01000047268</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |         |         |
| 1. Entity Name<br><b>SNIK ENTERTAINMENT INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                                                                                          |         |
| Principal Place of Business<br><b>506 GARDENS DR #101<br/>POMPANO BEACH, FL 33069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | Mailing Address<br><b>506 GARDENS DR #101<br/>POMPANO BEACH, FL 33069</b>                |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                | 3. Mailing Address                                                                       |         |
| State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                | State, Apt. #, etc.                                                                      |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | City & State                                                                             |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                        | Zip                                                                                      | Country |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | Applied For<br><input checked="" 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                | 7. Name and Address of New Registered Agent                                              |         |
| <b>COURTNEY, MAURY W<br/>506 GARDENS DR #101<br/>POMPANO BEACH, FL 33069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when appointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| 9. Election Campaign Financing Trust Fund Contribution.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                | <input type="checkbox"/> \$5.00 May Be Added to Fees                                     |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PD                             | <input type="checkbox"/> Delete                                                          |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>COURTNEY, MAURY W</b>       |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>506 GARDENS DR. #101</b>    |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>POMPANO BEACH, FL 33069</b> |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Delete                                                          |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Delete                                                          |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Delete                                                          |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Delete                                                          |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                                                                                          |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                                                                          |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                                                                          |         |
| 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)(1), Florida Statutes; I further certify that the information indicated on this report or supplemental reports 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 another line empowered. |                                |                                                                                          |         |
| SIGNATURE: <i>Maury Courtney</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                | Date: <b>4-16-03</b> (954) 650-1310                                                      |         |

60018635



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)