

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-16-2003 90170 038 ***150.00

DOCUMENT # P02000027385

1. Entity Name
QUIK MEDIA, INC.



Principal Place of Business
6184 VISTA LINDA LANE
BOCA RATON FL 33433

Mailing Address
6184 VISTA LINDA LANE
BOCA RATON FL 33433

2. Principal Place of Business

3303 W. Commercial Blvd

3. Mailing Address

3303 W. Commercial Blvd

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33309

Country

Zip

33309

Country

4. FEI Number

04-3618611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Robert Knight

Street Address (P.O. Box Number is Not Acceptable)

3303 W. Commercial Blvd.

Suite 100

City

Fort Lauderdale

FL

Zip Code

33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **BAWARSKY, DAVID B**
STREET ADDRESS **6184 VISTA LINDA LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VTD** ☐ Delete
NAME **KNIGHT, ROBERT**
STREET ADDRESS **6184 VISTA LINDA LANE**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

11. 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
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TITLE ☐ Change ☐ 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)(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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03

954-735-2300

Date

Daytime Phone #

CR2E034 (10/02)