


04-02-2003 90114 024 ***150.00

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

DOCUMENT # S59536

1. Entity Name
MEDIA OPTIK, INC.



10054277

Principal Place of Business 26762 SW 124TH COURT HOMESTEAD, FL 33032	Mailing Address 26762 SW 124TH COURT HOMESTEAD, FL 33032
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2. Principal Place of Business 66 Avenue F Suite, Apt. #, etc.	3. Mailing Address 66 Avenue F Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Apalachicola, FL	City & State Apalachicola, FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32320	Country Franklin	Zip 32320	Country Franklin

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

6. Name and Address of Current Registered Agent

DUBOFF, KENNETH R.
 10920 BISCAYNE BLVD.
 MIAMI, FL 33161

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. DATE: Registered Agent Signature required when changing.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE E	NAME FINN, RITA A <input checked="" type="checkbox"/> Delete	TITLE E	NAME RITA A. FINN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 26762 SW 124TH COURT	CITY-ST-ZIP HOMESTEAD, FL	STREET ADDRESS 66 AVENUE F	CITY-ST-ZIP APALACHICOLA, FL 32320
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME <input type="checkbox"/> Delete	TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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: Rita A. Finn **RITA A. FINN** **3-27-03** **(850) 653-2754**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #