I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN BLACK

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000047118

Entity Name: BLACK EYED SUSAN PHOTOGRAPHY, INC.

Current Principal Place of Business:

3231 KESWICK COURT LAND O LAKES, FL 34638

Current Mailing Address:

3231 KESWICK COURT LAND O LAKES, FL 34638 US

FEI Number: 27-0294994

Name and Address of Current Registered Agent:

BLACK, SUSAN 3231 KESWICK CT. TAMPA, FL 34638 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | P,S | Title | T,D |
|-----------------|-----------------------|-----------------|-----------------------|
| Name | BLACK, SUSAN | Name | BLACK, SUSAN |
| Address | 3231 KESWICK COURT | Address | 3231 KESWICK COURT |
| City-State-Zip: | LAND O LAKES FL 34638 | City-State-Zip: | LAND O LAKES FL 34638 |

Certificate of Status Desired: No

FILED Apr 18, 2016 Secretary of State CC4401543475

Date

04/18/2016

PRESIDENT