

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90038 032 \*\*\*\*50.00

**DOCUMENT # L01000012446**

1. Entity Name  
**IRIS MEDIA, LLC**

Principal Place of Business  
**10410 ELENA LANE**  
**THONOTOSASSA FL 33592**

Mailing Address  
**10410 ELENA LANE**  
**THONOTOSASSA FL 33592**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**41-2036693**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEURY, ROBERT W**  
**10410 ELENA LANE**  
**THONOTOSASSA FL 33592**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **MGRM ROBERT W. FLEURY**  
 STREET ADDRESS **10410 ELENA LANE**  
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **MGRM DENNIS E STASZAK**  
 STREET ADDRESS **265 MICHELSON ROAD**  
 CITY-ST-ZIP **ROCHESTER HILLS, MI-48307**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **MGRM ANN M. FLEURY**  
 STREET ADDRESS **10410 ELENA LANE**  
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ROBERT W. FLEURY**

**4/17/02 813 982 2702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)