FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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IRIS PHOTOGRAPH	IC INC.		hiddisassissista ameleok		emonemy as all of A	11.	
		IN THIS S	PAC	Ε	SECRETARI DE STA TALLAHASSEE, FLOR	IDA D	
2. Principal Place of Business 1000 11TH ST N.		3. Mailing Address				•	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State ST PETERSBURG, FL		City & State		4. FEI Number 41-2094703	Applied For Not Applicable		
Zip 33705 <sup>5</sup>	Country	Zip	Count	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
•				7. Nam	e and Address of Current Re	egistered Agent	
DO NOT WRITE  Name JODY L VESSENMEYER Street Address (P.O. Box Number is Not Acceptable)							
				dress (P.O. Box Number is Not Acceptable)			
	NTHISSP	ACE		OU IIIR S	1. 14.		
				City		Zip Code	
			ST	PÉTERSB		<b>-</b> 33705	
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	hmad a mintad a man	JODY L	VESSE	MEYER	tered Agent signature required when re	3/1/2004 instating) DATE	
January 1 After M	- May 1 Fee is \$150. ay 1, Fee is \$550.00 ded UBR is \$61.25	00	аррисаріе.	(NOTE: Regis	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.	,			
TITLE	PRESIDENT JODY L VESSENM	EYER	TITLE	HRSKRAWANSHEDENH			
STREET ADDRESS	1000 11TH ST. N.		R Subjective Patrick	ET ADDRES	S		
CITY-ST-ZIP TITLE	ST PETERSBURG, VICE PRESIDENT	FL. 33705	CITY-S				
NAME	STEPHEN C VESS		NAME		. D4/01/0401008001	**[5].[6] 	
STREET ADDRESS CITY-ST-ZIP	1000 11 TH ST. N. ST PETERSBURG,		STREI	ET ADDRES: ST-ZIP	S		
TITLE			TITLE				
STREET ADDRESS	* <del>***********************************</del>		NAME STRE	ET'ADDRES	DONOT	WDITE	
CITY-ST-ZIP TITLE			CITY-S TITLE		enterprof Corporation and Constitution and Constitution (Constitution Constitution	and dependent representative professional Control of the Control of Control o	
NAME			NAME		INTHIS	SPACE	
STREET ADDRESS CITY-ST-ZIP	<u> </u>		STRE	ET ADDRES: ST-ZIP			
TITLE NAME			TITLE				
STREET ADDRESS				ET ADDRES:	S		
CITY-ST-ZIP TITLE	<del> </del>		CITY-S	ST-ZIP			
NAME			NAME	OMMERCANIAN AND CAN			
STREET ADDRESS CITY-ST-ZIP			ISTRE	ET ADDRES:	Searchean and Albanders are recommended in the		
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							
				exemption sta			
certify that the inform as if made under cat	nation indicated on this re th; that I am an officer or	port or supplemental repo director of the corporation	alify for the or ort is true and or the recei	exemption stand daccurate are iver or trustee	nd that my signature shall have the s empowered to execute this report a	ame legal effect s required by	
certify that the inform as if made under cat	nation indicated on this re th; that I am an officer or	port or supplemental repo director of the corporation	alify for the or ort is true and or the recei	exemption stand daccurate are iver or trustee	nd that my signature shall have the s	ame legal effect s required by	
certify that the inform as if made under oat Chapter 607, Florida	nation indicated on this re th; that I am an officer or Statutes; and that my na	port or supplemental repo director of the corporation ime appears in Block 10 o	alify for the or or is true an or the recei or on an atta	exemption stand daccurate are exer or trustee chment with a	nd that my signature shall have the s empowered to execute this report a an address, with all other like empow	ame legal effect s required by	
certify that the inform as if made under cat Chapter 607, Florida SIGNATURE	nation indicated on this re th; that I am an officer or Statutes; and that my na	port or supplemental repo director of the corporation	alify for the or or is true an or the recei or on an atta	exemption stand daccurate are exer or trustee chment with a	nd that my signature shall have the s empowered to execute this report a an address, with all other like empow	ame legal effect s required by	