AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 26 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077490

1. Entity Name

IMAGE API, INC.

DO NOT WRITE IN THIS SPACE

700025231927
12/04/03--01027--016 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2670 Executive Center Circle West	2670 Executive Center Circle West
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32301 Country: US	Zip: 32301 Country: US

4. FEI Number: 23-2753915 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard S. Griffith, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2670 Executive Center Circle West

City: Tallahassee **FL** Zip Code: 32301

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	✓ P/C	TITLE	
NAME	Richard S. Griffith, Jr.	NAME	
STREET ADDRESS	2670 Executive Center Circle West	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE	✓ D	TITLE	
NAME	Carrie L. Griffith	NAME	
STREET ADDRESS	2670 Executive Center Circle West	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE	✓ T/D	TITLE	
NAME	Kristine A. Davis	NAME	
STREET ADDRESS	2670 Executive Center Circle West	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	✓ S/D	TITLE	
NAME	Loree E. Evans	NAME	
STREET ADDRESS	2670 Executive Center Circle West	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE	✓ D	TITLE	
NAME	Patrick J. Menior	NAME	
STREET ADDRESS	2670 Executive Center Circle West	STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, FL 32301	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Kristine A. Davis 11/18/03 850-222-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #