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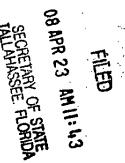
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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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Thomas | APR 2 4 2008

COVER LETTER

TO:	Registration Section Division of Corporat	ions	V. Is		
SUBJEC	T. Infomercial P	roductions LLC			
	•	(Name of Lim	ited Liability Company)		
The encl	osed Articles of Amer	dment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspondence	e concerning this matter	_	:	
	<u>Ma</u>	ark Mucci			
			(Name of Person)		
		•	(Firm/Company)	SECRETARY OF STAIL ALLAHASSEE PLONG BEET/COURIER ADDRESS:	
	55	661 University Drive	, e, Suite 102		•
(Address) Coral Springs, Florida 33067					78 8 8
					APR 2
			(City/State and Zip Code)		SSE STATE
For furth	er information concert	ning this matter, please ca	all:		AN II: 4 OF STAT
Mark N	Mucci		at (954) 323-1023		Sm ?
	(Name of Perso	n)		elephone Number)	
Enclosed	is a check for the follo	owing amount:			
425	0 Filing Fee	30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified (of Status & Copy
	MAILING A Registration S		STREET/COURIER Registration Section	ADDRESS:	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Infomercial Productions LLC		
(Name of the Limited L (A F	iability Company as it now appears on our reco lorida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	bility Company were filed on June 4, 2002	and assigned
Florida document number_562293345		
Lo200012	3665	
This amendment is submitted to amend the follow		,
		. Pai 4ga
A. If amending name, enter the new name of t	he limited liability company here:	2
•		是经 要
The new name must be distinguishable and end with 'L.L.C."	the words "Limited Liability Company," the desig	nation Lee" or the abbreviation
		enter the fisme of the new
registered agent and/or the new registered office	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) zation for this Limited Liability Company were filed on June 4, 2002 and assigned ber 562293345 LOQ OOO 13 OOS omitted to amend the following: c, enter the new name of the limited liability company here: distinguishable and end with the words "Limited Liability Company," the designation of the limited liability Company, the designation of the new registered agent and/or registered office address on our records, enter the new or the new registered office address here:	
		3
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Address.	(Enter Florida s	treet address)
	. Flo	rida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

GR = M. GRM =	anager Managing Member		
<u>le</u>	<u>Name</u>	Address	Type of Action
· · · · · ·			Add
			Remove
			Add
			Remove
		•	Add
			Remove
			∏Add
			Remove
			Add
			Remove
····		-	Add
			Remove
	ding any other information, enter chang ew Member: Venkata Madala	e(s) here: (Attach additional sheets, if necessor	ary.)
_	8311 Bailey Drive, Apartment 12		
	orrance, CA 90504	· · · · · · · · · · · · · · · · · · ·	
			•
d	4/16/08 , 20,	08	- 7 <u>2</u> 2
			08 APR 23 SECRETARY TALLAHASSE
	Signature of a member Peter Stolz	or authorized representative of a member	
	Typed	or printed name of signee	

Filing Fee: \$25.00

Page 2 of 2