2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000056259

217-2

DESTIN, FL 32550

Entity Name: WHITESANDS PUBLISHING, LLC

FILED Aug 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12671 U.S. HWY 98 WEST 10065 EMERALD COAST PARKWAY WEST

C-101B

DESTIN, FL 32550

Current Mailing Address: New Mailing Address:

10859 EMERALD COAST PARKWAY WEST 10065 EMERALD COAST PARKWAY WEST

4-302 C-101B DESTIN, FL 32550

DESTIN, FL 32550

FEI Number: 20-1344984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TURNER, CATHLEEN M TURNER, CATHLEEN M

10859 EMERALD COAST PARKWAY WEST 10065 EMERALD COAST PARKWAY WEST

4-302 C-101B

DESTIN, FL 32550 US DESTIN, FL 32550 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: CATHLEEN M. TURNER 08/20/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

TURNER, NICHOLAS M Name: Name: TURNER, NICHOLAS M

Address: 21403 POMPANO AVE. Address: 10065 EMERALD COAST PARKWAY WEST C-101B PANAMA CITY BEACH, FL 32413 DESTIN, FL 32550

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

TURNER, CATHLEEN M Name: Name: TURNER, CATHLEEN M

Address: 21403 POMPANO AVE Address: 10065 EMERALD COAST PARKWAY WEST C-101B

City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: DESTIN, FL 32550

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NICHOLAS M. TURNER **MGRM** 08/20/2005