

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000029864

FILED
May 13, 2008
Secretary of State

Entity Name: BONUS PRODUCTIONS L.L.C.

Current Principal Place of Business:

59 COLLEGE AVE.
BUCKHANNON, WV 26201

New Principal Place of Business:

304 MONET DRIVE
NOKOMIS, FL 34275 US

Current Mailing Address:

59 COLLEGE AVE.
BUCKHANNON, WV 26201

New Mailing Address:

304 MONET DRIVE
NOKOMIS, FL 34275 US

FEI Number: 20-2656331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILIPS, RYAN
3103 77TH DRIVE EAST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

TRIPLE MY WORTH HOLDINGS CO.
304 MONET DRIVE
NOKOMIS, FL 34275 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: ADAM DECLERICO

05/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DECLERICO, ADAM
Address: 3103 77TH DRIVE EAST
City-St-Zip: SARASOTA, FL 34243

Title: MGR () Delete
Name: PHILIPS, RYAN
Address: 3103 77TH DRIVE EAST
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DECLERICO, ADAM
Address: 304 MONET DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: MGR (X) Change () Addition
Name: ROBERTSON, JOHN T
Address: 304 MONET DRIVE
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ADAM DECLERICO

P

05/13/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date