2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 05, 2006
Secretary of State

DOCUMENT# L05000113404

Entity Name: AS TRAVEL HOLDINGS, LLC

Current Principal Place of Business:

CHALET TURNBERRY 1
3963 CRANS SUR SIERRE
SWITZERLAND, XX

New Principal Place of Business:

GPO BOX 671
SANCTUARY COVE
QUEENSLAND 4212, AUSTRALIA, XX

Current Mailing Address:

C/O GREENBERG TRAURIG P.A.
1221 BRICKELL AVENUE
MIAMI, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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: SHARON K. GRAY, ASSISTANT SECRETARY 12/05/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SCOTT, ADAM D
Address: GPO BOX 671, SANCTUARY COVE
City-St-Zip: QUEENSLAND 4212, XX AUSTRALIA

Title: MGRM ( ) Change (X) Addition
Name: RETAIL BIDS LIMITED,, A BVI CORPORA T ION
Address: GPO BOX 671, SANCTUARY COVE
City-St-Zip: QUEENSLAND 4212, XX AUSTRALIA

I hereby certify that the information supplied with this filing does not qualify for the 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 DEREK SCOTT MGR 12/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date