

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000070154

Entity Name: BRISTOL VENTURES LLC

FILED
Jan 23, 2008
Secretary of State

Current Principal Place of Business:

4400 BAYOU BLVD.
NUMBER SIX
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD.
NUMBER SIX
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 38-3754637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEDIA MANAGEMENT RESOURCES, INC.
4400 BAYOU BLVD.
NUMBER SIX
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

WILLIAM WEIN A MANAGER
4400 BAYOU BLVD.
NUMBER SIX
PENSACOLA, FL 32503 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: BILL WEIN

01/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARROW, CRAIG S
Address: 4972 DAMASCUS DR.
City-St-Zip: OTTAWA HILLS, OH 43615 US

Title: MGR () Delete
Name: WEIN, WILLIAM A
Address: 4400 BAYOU BLVD., NUMBER SIX
City-St-Zip: PENSACOLA, FL 32503 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM WEIN

MGR

01/23/2008

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