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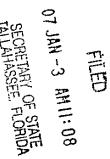
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LANIGAN & ASSOCIATES, P.C.

CERTIFIED PUBLIC ACCOUNTANTS
MANAGEMENT CONSULTANTS

www.lanigancpa.com

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Joshua Sharp, CPA

J. Travis Bryant, CPA, CFP

Please reply to: Tallahassee

Writer's Direct Dial (850) 893-8418 Ext: 686 Direct E-Mail: fjmercer@lanigancpa.com

January 2, 2008

314 Gordon Avenue Thomasville, GA 31792 (229) 226-8320 Facsimile: (229) 226-0038 E-mail: lanigan@lanigancpa.com

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3343 Peachtree Road, NE Suite 225 Atlanta, GA 30326 (404) 240 00002 E-mail: lanigan@anigancpa.com

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

Dear Sir/Madam:

Please find enclosed the registered agent filings and fees for Big IV Productions, LLC and TLW Acquisitions, LLC for processing.

If you have any questions or concerns, please do not hesitate to call.

Sincerely,

Frank J. Mercer, CPA, CFP

jmt/FJM

X:\DATA\Big IV Productions\Letter to FL Dept. of State 1-2-08.doc

COVER LETTER

Division of Corporations			
SUBJECT: BIG IV PRODUCTIONS, LL	_C		
(Name of I	Limited Liability Company)		
Dear Sir or Madam:	9		
	Office Change and fee(s) are submitted for filing.		
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
1	of St.		
RACHEL C. BEVERLY			
(Name of Person)			
ALEVANDED & MANNI LLD			
ALEXANDER & VANN, LLP (Firm/Company)			
411 GORDON AVENUE			
(Address)			
THOMASVILLE, GA 31792			
(City/State and Zip Code)			
F C			
For further information concerning this matter	er, prease can.		
RACHEL BEVERLY	at (229) 226-2565		
(Name of Person)	(Area Code & Daytime Telephone Number)		
	•		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the followin	ng amount:		
	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

THOMASVILLE, GA 31799				
08/01/07		L07000079016		
3. Date of filing/registration in Florida		4. Document nun	iber	
5. The name of the register Florida Department of S		gistered	office address as shown o	
	♠ FRANK MERCER			OT JAH -3 SECRETA
Name				
1292 TIMBERLANE ROAD			ALASSA A-3	
Address		SS 3 C		
TALLAHASSEE, FLORIDA 32312		H _O =		
	Cit	y, State	and Zip	P. S.
6. The name and address o	f the new registered	agent a	nd/or office:	SEE FLORIDA
♣ FRANK MERCER			_	
Name 2630 CENTENNIAL PLACE				
Florida street address (P.O. Box NOT acceptable)				
	TALLAHASSEE	FL	32308	
	City.	State an	nd Zip	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member of authorized representative of a member)

RACHEL C. BEVERLY

(Printed or typed name of signee)

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.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00