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FILING REQUEST

July 17, 2006

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject(s):

BSC JYP, LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:

CHECK #23576 FOR \$25.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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.

•					
1. The name of the limited liability	y company is: BSC JYP, L	LC			
2. The mailing address of the limi	ted liability company is:				
300 Park Avenue, 24th Floor, New Yo	ork, NY 10022				
10/20/2004		M04000004474			
3. Date of filing/registration in Flo	orida	4. Document number			
5. The name of the registered agen Florida Department of State:	t and the registered office	address as shown on the reco	ords of the		
CT Corp	oration System ,	= ====================================			
	Name				
1200 So	uth Pine Island Road				
	Address		3 . 6		
Plantation	on, FL 33324	<u>.</u> .	(E) 06 -		
	City, State and Z	ip			
6. The name and address of the new	w registered agent and/or	office:	SEURE JAKI		
NRAI Se	rvices, Inc.		Se R N		
	Name ecutive Park Drive, Suite 4 a street address (P.O. Box	NOT acceptable)	PM 2: 48 OF STATE		
Weston	FL 33331				
	City, State and Zip)			
If the limited liability company is reconfirmed that after the change or and the business office of the regis liability company, it is hereby confithe members of the limited liability the operating agreement of the limited liability.	changes are made, the Flo tered agent will be identic irmed that the change(s) v company or as otherwise	rida street address of the regi	istered office da limited		
(Signature of a member or authorized represen	ntative of a member)	·			
Jackie/Gaines	<u> </u>	1.			
(Printed or typed name of signee)			o		
I hereby accept the appointment a comply with the provisions of all stand I am familiar with and accept Chapter 508, F.S. Or, if this docur address, I hereby confirm that the NRAI Services, Inc.	s registered agent and agi latules relative to the prop the obligations of my post ment is being filed to mere limited liability company i	ree to act in this capacity. I feer and complete performance tion as registered agent as picture in the register of the writing of the complete in the register of the complete in writing of the complete in writ	urther agree to e of my duties, rovided for in ristered office of this change.		
Jackie Sorman, Assistant Secretary		7, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18(10/99)

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.

1. The name of the limit	ed liability compar	ny is: BSC JYP, LLC			
2. The mailing address of	of the limited liabil	ity company is :			······································
300 Park Avenue, 24th Flo	or, New York, NY 10	0022			
40/00/0004		1404	000004474		
10/20/2004		-	000004474		
3. Date of filing/registra	tion in Florida	4. D	ocument number		
5. The name of the regist Florida Department of		registered office addres	ss as shown on the	records of the	e
	CT Corporation S	ystem			
		Name			÷
	1200 South Pine	Island Road			
		Address	·-	<u></u>	<u> </u>
	Plantation, FL 333	324 -		<u> </u>	
		City, State and Zip			06 2
6. The name and address	of the new registe	red agent and/or office:	!	<u>č</u> i-<	¥
	NRAI Services, Inc	c		F	
	2731 Executive Pa	Name ark Drive, Suite 4		TATE ORID	? =
	Florida street as	ddress (P.O. Box NOT	acceptable)	Α' '	
	Weston	FL 33331			
		City, State and Zip		-	• • =
If the limited liability co- confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	change or changes of the registered age ereby confirmed the ed liability compar of the limited liabi	are made, the Florida stent will be identical. On at the change(s) was/we are or as otherwise providity company.	treet address of the r, in the case of a Fl ere authorized by ar	registered of lorida limited n affirmative	fice l vote of
(Signature of a member or autho	rized representative of a	memoer)		- •	
Jackie/Gaines					
(Printed or typed name of signed	<u></u>				
I hereby accept the apportunity with the provision and I am familiar with a Chapter 508, F.S. Or, if address, I hereby confin NRAI Services, Inc.	THE CO	red agent and agree to the proper and the proper an	act in this capacity d complete perform s registered agent d lect a change in the len notified in writi	. I further ag lance of my a as provided fo registered o ng of this cha ng of this cha	rree to luties, of in ffice inge.
(Signature of Registered Agent) Jackie Sorman, Assistant Divisi	Secretary	ns, P.O. Box 6327, Tai	lahassee, FL 3231	4	

FILING FEE: \$25.00

INHS18(10/99)