



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM	 YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s6066 Amount/Classification \$342.02 Unsecured
Name of Debtor: Streamray Studios Inc.		Case Number: 13-12435	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):			<div style="text-align: center;">  33253522900160 RECEIVED DEC 09 2013 BMC GROUP </div>
Name and address where notices should be sent: DS WATERS OF AMERICA, INC. 5660 NEW NORTHSIDE DRIVE, SUITE 500 ATLANTA, GA 30328			
Creditor Telephone Number <u>678 631-3872</u> email: <u>bankruptcy@waters.com</u>			
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): _____ Filed on: _____
<u>DS Waters of America</u> <u>6750 Discovery Blvd - Attn Anita Johnson</u> <u>Mableton GA 30124</u>			
Payment Telephone Number () email:			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>422.35</u> If all or part of your claim is secured, complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
2. BASIS FOR CLAIM: <u>Goods Sold</u> (See instruction #2)			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>9209</u>		3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
		3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. SECURED CLAIM: (See instruction #4) Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)			
Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$ _____ Basis for Perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. Amount entitled to priority: \$ _____ You MUST specify the priority of the claim:			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).	
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).	
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

PMGI Holdings POC

 00181

7. DOCUMENTS: *Attached are redacted copies of documents that support the claim*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on November 13, 2013 for Non-Governmental Claimants OR on or before March 17, 2014 for Governmental Units.

BY MAIL TO:
 BMC Group, Inc
 Attn: FriendFinder Networks Inc. Claims Processing
 PO Box 3020
 Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
 BMC Group, Inc
 Attn: FriendFinder Networks Inc. Claims Processing
 18675 Lake Drive East
 Chanhassen, MN 55317

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
- (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: _____
 Title: _____
 Company: _____

Address and telephone number (if different from notice address above): _____ (Signature) _____ (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

LIST OF DEBTORS:

Debtor Name	Case Nbr	Debtor Name	Case Nbr
PMGI Holdings Inc.	13-12404-CSS	Medley.com Incorporated	13-12424-CSS
FriendFinder Networks Inc.	13-12405-CSS	NAFT News Corporation	13-12425-CSS
Argus Payments Inc.	13-12406-CSS	Penthouse Digital Media Productions Inc.	13-12426-CSS
Big Island Technology Group, Inc.	13-12407-CSS	Penthouse Images Acquisitions, Ltd.	13-12427-CSS
Blue Hen Group Inc.	13-12408-CSS	PerfectMatch Inc.	13-12428-CSS
Confirm ID, Inc.	13-12409-CSS	Playtime Gaming Inc.	13-12429-CSS
Danni Ashe, Inc.	13-12410-CSS	PPM Technology Group, Inc.	13-12430-CSS
Fastcupid, Inc.	13-12411-CSS	Pure Entertainment Telecommunications, Inc.	13-12431-CSS
Fierce Wombat Games Inc.	13-12412-CSS	Sharkfish, Inc.	13-12432-CSS
FriendFinder California Inc.	13-12413-CSS	Snapshot Productions, LLC	13-12433-CSS
FriendFinder Ventures Inc.	13-12414-CSS	Streamray Inc.	13-12434-CSS
FRNK Technology Group	13-12415-CSS	Streamray Studios Inc.	13-12435-CSS
General Media Art Holding, Inc.	13-12416-CSS	Tan Door Media Inc.	13-12436-CSS
General Media Communications, Inc.	13-12417-CSS	Traffic Cat, Inc.	13-12437-CSS
General Media Entertainment, Inc.	13-12418-CSS	Transbloom, Inc.	13-12438-CSS
Global Alphabet, Inc.	13-12419-CSS	Various, Inc.	13-12439-CSS
GMCI Internet Operations, Inc.	13-12420-CSS	Video Bliss, Inc.	13-12440-CSS
GMI On-Line Ventures, Ltd.	13-12421-CSS	West Coast Facilities Inc.	13-12441-CSS
Interactive Network, Inc.	13-12422-CSS	XVHUB Group Inc.	13-12442-CSS
Magnolia Blossom Inc.	13-12423-CSS		

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions) If the claim is secured, check the box for the nature and value of property that secures the claim,

attach copies of lien documentation and state, as of the date of the bankruptcy filing the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

CLAIM

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

PROOF OF CLAIM

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed in section #7 above.

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED CLAIM

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

REDACTED

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

EVIDENCE OF PERFECTION

Evidence of perfection may include a mortgage; lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

OFFERS TO PURCHASE A CLAIM

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 *et seq.*), and any applicable orders of the bankruptcy court.

Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/FFN

Upcoming Delivery Dates

October 2013	November 2013	December 2013
Monday 7	Monday 4	Monday 2
Monday 14	Monday 11	Monday 9
Monday 21	Monday 18	Monday 16
Monday 28	Monday 25	Monday 23

Sparkletts. We Deliver! STANDARD

Bottled Water * Filtration * Coffee

Athena bottled water supports the fight against breast cancer all year 'round. October is especially important because it's Breast Cancer Awareness month. Special - buy two cases of Athena bottled water, get one free! \$7.99 per case (24 .5L bottles/case). Offer ends 12/31/13.

Customer Account#: 589920912866468

STREAMRAY STUDIO
19749 DEARBORN ST
CHATSWORTH, CA 91311

Invoice Date: 10-04-13
Invoice #: 12866468 100413
Purchase Order #:

Date	Transaction #	Details	Qty.	Each	Amount
		Previous Balance			342.02
		Payment			0.00
		Remaining Balance			342.02
09-09-13	T132526669015	JAVARAMA ESPRESSO ROAST 24/2.25 OZ	1	29.50	29.50
		ENERGY SURCHARGE	1	3.08	3.08
		Sales Tax			0.00
		Total			32.58

Rec'd by:

Ready to streamline your life? View your delivery schedule and account history, manage your payment options, pay your bill and much more with your own online account at water.com/myaccount.

Previous Balance \$342.02	-	Payment \$0.00	+	Total New Charges \$110.23	=	Pay This Amount \$452.25
-------------------------------------	---	--------------------------	---	--------------------------------------	---	------------------------------------



Sparkletts. STANDARD 6750 Discovery Blvd.
Mableton, GA 30126

Customer Account #: 589920912866468
Due By: Upon Receipt
Late Fees May Apply After: 10-27-13
Total Amount Due: \$452.25

Check here and see reverse for address and phone corrections.
 Check here and see reverse if paying by credit card.



Mail Remittance With Payment To:

STREAMRAY STUDIO
220 HUMBOLDT CT
SUNNYVALE, CA 94089

SPARKLETTS
PO BOX 660579
DALLAS, TX 75266-0579

Date	Details	Qty.	Each	Amount
	R1325510319894 BUNN AUTO AIRPOT BREWER WITH FAUCET RENTAL	1	0.00	0.00
	Sales Tax			0.00
	Total			0.00
09-16-13	T132596669006 JAVARAMA FRENCH ROAST 24/2.25 OZ	1	29.50	29.50
	NESTLE COCOA SUGAR FREE 30 CT	1	9.10	9.10
	NESTLE COCOA ENVELOPE 50 CT	1	9.15	9.15
	Sales Tax			0.00
	Total			47.75
09-23-13	T132666669008 INTERNATIONAL DELIGHT HALF AND HALF 180 CT	1	14.95	14.95
	Sales Tax			0.00
	Total			14.95
09-30-13	T132736669004 INTERNATIONAL DELIGHT HALF AND HALF 180 CT	1	14.95	14.95
	Sales Tax			0.00
	Total			14.95
	Total New Charges			110.23

How to Read Your Statement

Delivery Calendar:
Your scheduled deliveries for the next three months.

Customer Account Number:
For prompt service, please use this number when referring to your account.

Summary:
Previous balance and posted payments since last bill.

Total Now Charges:
This information provides totals for various products and transactions.

Important Monthly Message

Important Monthly Promotions:
Register online for access to your account. You can view and pay your bill, check delivery schedule and order products all online.

Bottle Deposits:
Highlights bottle deposits and returns.

Easy to Pay:
Pay your invoice through the mail, online at www.water.com or call us to expedite your remittance with automatic credit card payments.

Mail Remittance With Payment To:
Please detach remittance and mail using business envelope provided.

Billing Rights Summary

In case of Errors or Questions About Your Bill:
If you think your bill is incorrect, or if you need more information about a transaction on your bill, write us as soon as possible on a separate sheet, at P.O. Box 660579, Dallas, TX 75266-0579. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. Your bill shall be deemed correct unless disputed within 60 days from receipt. You can telephone us, but doing so will not preserve your rights.

- In your letter, give us the following information:
- Your name and complete account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the amount of your bill that is not in question. While we investigate your questions, we cannot report you as delinquent or take any action to collect the amount you question.

Electronic Funds Transfer Notice

If you pay by check, it will be converted into an "Electronic Funds Transfer" (EFT), a process in which your financial institution is electronically instructed to transfer funds from your account to ours in lieu of processing the check. By sending your completed check to us, you authorize us to use the account information therein to create an EFT for the amount indicated on the check. If the EFT cannot be processed for technical or other reasons, you authorize us to process an image replacement document, draft, or copy of your check.

OPT OUT NOTICE: If you do not wish to participate in this check conversion program, please write to us on a separate sheet at: P.O. Box 660579, Dallas, TX 75266-0579.

Insufficient Funds Notice

If your check is returned for insufficient or uncollected funds (NSF), your signature on your check gives us permission to debit your checking account electronically for the uncollected amount. Payment by check constitutes your acceptance of these terms.

We appreciate your business.

As a food product, bottled water is subject to rules and regulations promulgated by the Federal Food and Drug Administration (FDA). For further information, please write DS Waters of America, Inc. at P.O. Box 660579, Dallas, TX 75266-0579.

Please print only new address or credit card information below and check the appropriate box on reverse side. Thank you.

Credit Card Payment

Bill my credit card. Please check one.
 Charge to my: VISA American Express
 MasterCard Discover

 Credit Card Number

 American Express CID
Found on front of card

 Visa/MasterCard/Discover CVV2
Found after account number on back of card

 Expiration Date

(_____) _____
 Phone Number

Address Changes

Mailing address only Mailing and delivery address

Name _____

Address _____

City _____ State _____ Zip Code _____

(_____) _____
 Phone Number E-mail Address _____

 Customer Account Number

- Do Not Forget To:**
- ✓ Detach this remittance and return with your payment.
 - ✓ Write the complete account number on your check.
 - ✓ Mail remittance and payment using the enclosed envelope.

Signature (must match name on account)
 © 2009 DS Waters of America, Inc. All rights reserved

DS Waters

6750 Discovery Boulevard
Mableton, GA 30126

RECEIVED

DEC 09 2013

BMC GROUP



UNITED STATES POSTAGE
PITNEY BOWES
02 1P \$ 000.660
0003210039 DEC 05 2013
MAILED FROM ZIP CODE 30126

BMC Group, INC

ATTN: Friend Finder Networks Inc, Claims Processing

PO Box 3020

Chanhassen, MN 55317-3020

55317302020

