2007 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

SIGNATURE AND TYPES OR PRINTED NAME OF SIGN

SIGNATURE:

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT #F04000002153** 04-24-2007 90007 044 ***150.00 BROADWAY PREMIUM FUNDING CORP. Principal Place of Business Mailing Address 100 BROADWAY 100 BROADWAY NEW YORK, NY 10005 NEW YORK, NY 10005 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E034 (12/06) Chq-P City & State Applied For City & State 4. FEI Number 13-4060008 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DIRECTOR Louis Caruso Change Addition TITLE P Delete TITLE CARUSO, LOUIS NAME NAME 100 Broadway STREET ADDRESS 100 BROADWAY STREET ADDRESS City-ST-ZIP NEW YORK, NY 10005 CITY-ST-ZIP New York, NY 10005 Change ☐ Delete TITLE President Addition TITLE Scot Fenerzeig FEUERZEIG, SCOT NAME NAME 100 Broadway STREET ADDRESS STREET ADDRESS 100 BROADWAY CITY-ST-ZIP CITY-ST-70P NEW YORK, NY 10005 New York, NY 10005 ☐ Delete TITLE Change Addition TITLE DERAMA, SERVIDEO NAME NAME 100 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10005 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEGEN, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS **60 THIRD AVENUE** CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10016 Change Addition Delete TITLE TITLE KAPLAN, ARNOL NAME NAME 100 BROADWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10005 ☐ Delete TITLE ☐ Change ■ Addition IMURA, HIROHIKO NAME **600 THIRD AVENUE** STREET ADORESS STREET ADDRESS NEW YORK, NY 10016 CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if