
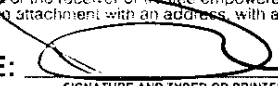


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90055 017 \*\*\*150.00

<b>DOCUMENT # F05000001883</b> 1. Entity Name <b>BRUNSWICK RECORD CORPORATION</b>					
Principal Place of Business <b>C/O PAUL TARNOPOL 4350 MAYFAIR DR MIAMI, FL 33133</b>			Mailing Address <b>C/O JH COHN, LLP 1212 6TH AVE 14TH FL NEW YORK, NY 10036</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>C/O J. H. COHN, LLP</b>  Suite, Apt. #, etc. <b>1212 6TH AVENUE, 7TH FLOOR</b>			
City & State		City & State <b>NEW YORK, NY</b>		4. FEI Number <b>13-1937182</b>	
Zip <b>10036</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>TAMOPOL, PAUL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>PAUL TARNOPOL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4350 MAYFAIR DRIVE</b> City <b>COCONUT GROVE</b> <b>FL</b> Zip Code <b>33133</b>		
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 <b>PAUL TARNOPOL</b> DATE _____ <small>(Signature, typed or printed name of registered agent and title of application) (NOTE: Registered Agent signature required when re-instating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TARNOPOL, PAUL 4350 MAYFAIR DRIVE COCONUT GROVE, FL 33133</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GORE, MARA 6 MILLS STREET WESTPORT, CT 06680</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>PAUL TARNOPOL</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/4/08</b> <small>Date and Phone #</small>		