

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006410

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** BRIGHTON COLLECTIBLES, INC.

**Current Principal Place of Business:**

14022 NELSON AVE.  
CITY OF INDUSTRY, CA 91746

**New Principal Place of Business:**

**Current Mailing Address:**

200 NORTH WILLOW  
CITY OF INDUSTRY, CA 91746

**New Mailing Address:**

251 LONG LANE  
CITY OF INDUSTRY, CA 91746

**FEI Number:** 86-1148772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: KOHL, JERRY  
Address: 14022 NELSON AVE.  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: CFO  
Name: KOHL, JERRY  
Address: 14022 NELSON AVE.  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: VD  
Name: KRAVITZ, MARTIN  
Address: 14022 NELSON AVE.  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: SD  
Name: KOHL, TERRI  
Address: 14022 NELSON AVE.  
City-St-Zip: CITY OF INDUSTRY, CA 91746

Title: V  
Name: YOUNG, LAURA  
Address: 14022 NELSON AVENUE  
City-St-Zip: CITY OF INDUSTRY, CA 91746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JERRY KOHL

PRES

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date