

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 19, 2008
Secretary of State**

DOCUMENT# J95371

Entity Name: BROKEN SOUND PRODUCTIONS, INC.

Current Principal Place of Business:

9124 SW 51ST ROAD
STE B102
GAINESVILLE, FL 32608 US

New Principal Place of Business:

2101 NW CORPORATE BLVD
SUITE 220
BOCA RATON, FL 33431 US

Current Mailing Address:

9124 SW 51ST ROAD
STE B102
GAINESVILLE, FL 32608 US

New Mailing Address:

2101 NW CORPORATE BLVD
SUITE 220
BOCA RATON, FL 33431 US

FEI Number: 65-0009133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARM, STEVEN ESQ.
2101 NW CORPORATE BLVD.
SUITE 220
BOCA RATON, FL 33431 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: PD () Delete
Name: WARM, DAVID J
Address: 9124 SW 51ST ROAD, 102
City-St-Zip: GAINESVILLE, FL 32608

Title: PD (X) Delete
Name: WARM, ERIC J
Address: 9124 SW 51ST ROAD, 102
City-St-Zip: GAINESVILLE, FL 32608

Title: PD (X) Delete
Name: WARM, LAWRENCE J
Address: 9124 SW 51ST ROAD, 102
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROKEN SOUND PRODUCT, IONS
Address: 2101 NW CORPORATE BLVD, 220
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN WARM

RA

12/19/2008

Electronic Signature of Signing Officer or Director

_____ Date