2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L23080

Entity Name: ARBORS RECORDS, INC.

FLORCZYK, CLAUDIA

SAFETY HARBOR, FL 34695

10 VALENCIA CIR

Name: Address:

City-St-Zip:

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2189 CLEVELAND ST #225 CLEARWATER, FL 33765 **New Mailing Address: Current Mailing Address:** 2189 CLEVELAND ST #225 CLEARWATER, FL 33765 FEI Number: 59-2976186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DOMBER, RACHEL DOMBER, RACHEL 2189 CLEVLAND STREET 225 2189 CLEVLAND STREET CLEARWATER, FL 33765 CLEARWATER, FL 33765 US 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: 01/23/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DOMBER, MATTHEW J., Name: Name: 6121 PALMA DEL MAR BLVD. Address: Address: City-St-Zip: SAINT PETERSBURG, FL 33741 City-St-Zip: Title: DVPT Title: () Change () Addition () Delete Name: DOMBER, RACHEL. Name: 6121 PALMA DEL MAR BLVD. Address: Address: SAINT PETERSBURG, FL 33741 City-St-Zip: City-St-Zip: Title: Title: DS () Delete DS (X) Change () Addition WARD, JACK B., DOMBER, RACHEL, Name: Name: 20 VESEY ST. SUITE 1410 6121 PALMA DEL MAR BLVD. Address: Address: City-St-Zip: NEW YORK, NY 10007 City-St-Zip: SAINT PETERSBURG, FL 33741 Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW J DOMBER DP 01/23/2009