

1.) CORPORATION NAME: BROWNYARD PROGRAMS LTD. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: NY	DUE DATE: 5/31/2013 SCC ID NO: F1627654 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 86 CARLETON AVE CITY/ST/ZIP: EAST ISLIP, NY 11730-0599

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BRUCE W BROWNYARD TITLE: PRESIDENT ADDRESS: 86 CARLETON AVE CITY/ST/ZIP/CO: E ISLIP, NY 11730	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Pam Van Cott TITLE: VICE PRESIDENT ADDRESS: 86 CARLETON AVE CITY/ST/ZIP/CO: E ISLIP, NY 11730	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: BARBARA BROWNYARD TITLE: SECRETARY ADDRESS: 86 CARLETON AVE CITY/ST/ZIP/CO: E ISLIP, NY 11730	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ BRUCE W BROWNYARD	BRUCE W BROWNYARD, PRESIDENT	5/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.