

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000001067 1. Entity Name THE HEALTH TELEVISION SYSTEM INC.	
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Principal Place of Business 62 WESTMOUNT AVE. TORONTO ONTARIO M6H 3K1,	Mailing Address 3959 NORTH BUFFALO RD. ORCHARD PARK, NY 14127
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0188746	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HRAWG COPR.
1801 NORTH MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BERNS, MARVIN 3959 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS KASTNER-BERNS, KATHY 3959 NORTH BUFFALO ROAD ORCHARD PARK, NY 14127
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05/09/07-80071-010 150.00

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IN THIS SPACE**

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: MARVIN BERNS APRIL 10/07 877259411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #