

F02000001067

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEMS
Account Number : FCA000000023
Phone : (850) 222-1092
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RE-SUBMIT

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date of submission 5/26/10

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
THE HEALTH TELEVISION SYSTEM INC.**

Certificate of Status	0
Certified Copy	0
Page Count	<u>02 3</u>
Estimated Charge	\$35.00

FILED
10 MAY 26 PM 4:26
SECRETARY OF STATE
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PA Change

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JUN 02 2010



June 1, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

THE HEALTH TELEVISION SYSTEM INC.
3959 NORTH BUFFALO RD.
ORCHARD PARK, NY 14127

SUBJECT: THE HEALTH TELEVISION SYSTEM INC.
REF: FD2000001067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H10000124884
Letter Number: 410A00013647

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TALLAHASSEE, FLORIDA



May 26, 2010

FLORIDA DEPARTMENT OF STATE

THE HEALTE TELEVISION SYSTEM INC. Division of Corporations
3959 NORTH BUFFALO RD.
ORCHARD PARK, NY 14127

SUBJECT: THE HEALTE TELEVISION SYSTEM INC.
REF: F02000001067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H10000124884
Letter Number: 510A00013343

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Health Television System Inc.
2. The principal office address: 62 Westmount Ave., Toronto, ON M6H 3-K1 CA
3. The mailing address (if different): 3959 North Buffalo Road, Orchard Park, NY 14127
4. Date of incorporation/qualification: 02/28/2002 Document number: F02000001067
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

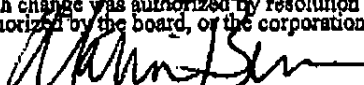
HRAWG Corp.
1801 North Military Trail, Suite 200
Boca Raton, FL 33431

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Marvin Berns, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 
Signature of Registered Agent

5/20/10
Date

If signing on behalf of officer:
Chris McNeair
Assistant Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA