

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001067

1. Entity Name
THE HEALTH TELEVISION SYSTEM INC.



Principal Place of Business
62 WESTMOUNT AVE.
TORONTO ONTARIO M6H 3K1,

Mailing Address
3959 NORTH BUFFALO RD.
ORCHARD PARK, NY 14127



07202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1000000168497
07/26/04-80016-019 550.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 BERNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-04 8772594111
Date Daytime Phone #