

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90069 002 ***150.00

DOCUMENT # F02000001067

1. Entity Name
THE HEALTH TELEVISION SYSTEM INC.



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

Mailing Address
62 WESTMOUNT AVE.
TORONTO ONTARIO M6H 3K1

2. Principal Place of Business

3. Mailing Address

3959 NORTH BUFFALO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORCHARD PARK, NY

Zip

Country

14127

USA

4. FEI Number **98-0188746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Marvin Berns* **MARVIN BERNS, PRESIDENT** **3/3/03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **BERNS, MARVIN**
STREET ADDRESS **62 WESTMOUNT AVE.**
CITY-ST-ZIP **TORONTO ONTARIO M6H 3K1**

TITLE **NP** ☒ **Change** ☐ **Addition**
NAME **BERNS, MARVIN**
STREET ADDRESS **3959 NORTH BUFFALO ROAD**
CITY-ST-ZIP **ORCHARD PARK NY 14127**

TITLE **DVS** ☐ **Delete**
NAME **KASTNER-BERNS, KATHY**
STREET ADDRESS **62 WESTMOUNT AVE.**
CITY-ST-ZIP **TORONTO ONTARIO M6H 3K1**

TITLE **DVS** ☒ **Change** ☐ **Addition**
NAME **KASTNER-BERNS, KATHY**
STREET ADDRESS **3959 NORTH BUFFALO ROAD**
CITY-ST-ZIP **ORCHARD PARK NY 14127**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/02)