


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

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 046 ***150.00

DOCUMENT # F04000001326	
1. Entity Name New Horizons Communications Corporation	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 335 Bear Hill Road		3. Mailing Address 335 Bear Hill Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Waltham, MA		City & State Waltham, MA	
Zip 02451	Country	Zip 02451	Country

40118955

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 14-1851429		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name TCS Corporate Service		
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Ave			
City Tallahassee FL Zip Code 32315			

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 agree to the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable (If not, Registered Agent signature required when it exists)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Robert Fabbicatore 335 Bear Hill Road, Waltham MA 02451	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-07 781-290-4600

CR2E034B (12/02)