

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

06-06-2008 90014 039 \*\*\*150.00

**60044212**



04172008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F04000001326</b> 1. Entity Name <b>NEW HORIZONS COMMUNICATIONS CORP.</b>					
Principal Place of Business <b>335 BEAR HILL ROAD WALTHAM, MA 02451</b>			Mailing Address <b>335 BEAR HILL ROAD WALTHAM, MA 02451</b>		
2. Principal Place of Business - No P.O. Box # <b>420 Bedford Street</b>		3. Mailing Address <b>420 Bedford Street</b>			
Suite, Apt. #, etc. <b>Suite 250</b>		Suite, Apt. #, etc. <b>Suite 250</b>			
City & State <b>Lexington, MA</b>		City & State <b>Lexington, MA</b>			
Zip <b>02420</b>	Country <b>USA</b>	Zip <b>02420</b>	Country <b>USA</b>	4. FEI Number <b>14-1851429</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TCS CORPORATE SERVICES, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32315</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO FABBRICATORE, ROBERT 335 BEAR HILL ROAD WALTHAM, MA 02451	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Robert Fabbricatore 420 Bedford Street Suite 250 Lexington, MA 02420
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D Glen Nelson 420 Bedford Street Suite 250 Lexington, MA 02420
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Stephen Gibbs 420 Bedford Street Suite 250 Lexington, MA 02420
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Janet Willes</i> <span style="float: right;">4/24/08 770-956-7525</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					