2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F08000002899

Entity Name: THE PHARMACY TELEVISION NETWORK, INC.

Current Principal Place of Business:

3400 LAKESIDE DRIVE STE #500
MIRAMAR, FL 33027

New Principal Place of Business:

1560 SAWGRASS CORPORATE PKWY
4TH FLOOR
SUNRISE, FL 33323

Current Mailing Address:

3400 LAKESIDE DRIVE STE #500
MIRAMAR, FL 33027

New Mailing Address:

1560 SAWGRASS CORPORATE PKWY
4TH FLOOR
SUNRISE, FL 33323

FEI Number: 26-2870930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, JOHN N II
3400 LAKESIDE DRIVE STE #500
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

LETWIN, JANE
5426 SW 25TH AVE
FT LAUDERDALE, FL 33312 US

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.

SIGNATURE: JANE LETWIN 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: KYLE, JOHN N II
Address: 3400 LAKESIDE DRIVE STE #500
City-St-Zip: MIRAMAR, FL 33027

Title: S ( ) Delete
Name: MARCHANT, ALEXANDER J
Address: 3400 LAKESIDE DRIVE STE #500
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: KYLE, JOHN N II
Address: 1560 SAWGRASS CORPORATE PKWY 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323

Title: S (X) Change ( ) Addition
Name: BRUNI, KRISTINA C
Address: 1560 SAWGRASS CORPORATE PKWY 4TH FLOOR
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN N. KYLE, II CP 04/29/2009
Electronic Signature of Signing Officer or Director Date