

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006442

FILED
Feb 04, 2010
Secretary of State

Entity Name: YOUR TOTAL HEALTH, INC.

Current Principal Place of Business:

1 S. OCEAN BLVD.
SUITE 201
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

C/O NBC UNIVERSAL
100 UNIVERSAL CITY, 1280/6
UNIVERSAL CITY, CA 91608

New Mailing Address:

FEI Number: 22-3693405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TDV
Name: CALPETER, LYNN A
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: SDV
Name: COTTON, RICHARD
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: P
Name: KAHN, JODI G
Address: 75 NINTH AVE
City-St-Zip: NEW YORK, NY 10011

Title: AS
Name: KORNZWEIG, GABRIELA
Address: 100 UNIVERSAL CITY PLAZA
City-St-Zip: UNIVERSAL CITY, CA 91608

Title: V
Name: APADULA, JOHN
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

Title: V
Name: DAVIS, TODD F
Address: 30 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10112

I hereby 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 all other like empowered.

SIGNATURE: GABRIELA KORNZWEIG

AS

02/04/2010

Electronic Signature of Signing Officer or Director

Date